

The 2000 Survey About Health and the Health System in Alberta

Survey Conducted by
Population Research Laboratory
University of Alberta

Report Prepared by

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2000 Health Survey about Health and the Health System In Alberta

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Executive Summary

Introduction

The Alberta Health Survey has been conducted annually since 1995 to gather information about public perceptions of health and the health system in Alberta. Public survey information is used for developing, monitoring and reporting on several performance measures identified in the Ministry of Health and Wellness three-year Business Plan.

Method


- A representative sample of 4,000 adult Albertans participated in the telephone survey. A survey this size is accurate to within $\pm 2\%$, 19 times out of 20. Interviews were conducted between March 30 and May 10, 2000.
- A high response rate of 80% was achieved. A high response rate means that one can have confidence that the results of the survey represent the views of all Albertans.
- The survey provides information for each of the 17 Regional Health Authorities for their own planning, monitoring and performance measurement requirements. Accuracy of results for individual regions varies from $\pm 4\%$ to $\pm 10\%$, depending on regional sample size.

Results

- **Health Status.** Sixty-three per cent (63%) of Albertans reported in 2000 that their health was either very good or excellent, compared to 64% in 1999.
- **Knowledge of Health System.** Sixty-three per cent (63%) of respondents said that their knowledge of the health services available to them was excellent or good, the same as in 1999. Thirty-nine per cent (39%) indicated that they needed more information about available services, compared to 40% in 1999.
- **Health System.** Sixty-three per cent (63%) of Albertans rated the health system as either excellent or good in 2000, a significant increase from 57% in 1999.
- **Quality of Care Received.** Eighty-six per cent (86%) of respondents who received health services in the past year reported that quality of care was either excellent or good, a significant increase from 79% in 1999. Eighty-five per cent (85%) of respondents reported that the results of the care they received were excellent or good, compared to 83% in 1999.

- **Quality of Care Received from a Physician.** Albertans who reported receiving health services from a physician rated the quality of care of their most recent visit very highly: 90% indicated that quality of care was excellent or good, and 87% indicated that the results of the care received were either excellent or good. Eighty per cent (80%) of respondents reported on the care that they had received from general practitioners while 20% reported on care received from specialists.
- **Waiting for the Family Physician.** Regarding their most recent visit to their family physician, respondents who reported receiving physician services were asked to indicate how long they waited from the time they made the appointment. Thirty-seven per cent (37%) saw their family doctor on the same day, and an additional 42% saw the doctor in less than one week. Three per cent (3%) reported waiting more than one month.
- **Waiting for the Specialist Physician.** Regarding their most recent visit to a specialist physician, twelve per cent (12%) of respondents who had seen a specialist in the past year saw the specialist on the same day that they made an appointment and an additional 16% saw the specialist in less than one week. Forty per cent (40%) reported waiting more than one month.
- **Quality of Care in Hospital.** Eighty-three per cent (83%) of respondents who had received care at a hospital reported that quality of care received was excellent or good, a significant increase from 74% in 1999. Eighty-four per cent (84%) of respondents reported that the results of the hospital care they received were excellent or good, compared to 83% in 1999. Ratings of the quality of care received in hospital by a household member increased slightly from 77% in 1999 to 79% in 2000.
- **Complaints about Health Services.** Twenty-one per cent (21%) of respondents reported wanting to make a complaint about services received, but only 7% reported actually complaining (compared to 5% in 1999). Most (76%) made their complaints directly to the health service provider. Forty-two per cent (42%) reported being satisfied with the response to their complaint (compared to 36% in 1999).
- **Availability of Services.** Sixty-three per cent (63%) rated the availability of services in their community as excellent or good, a significant decrease from 74% in 1999.
- **Ease of Access.** Sixty-four per cent (64%) of Albertans reported that it was easy or very easy to obtain health services in 2000, a significant decrease from 73% in 1999. Respondents most often mentioned long waits as the reason for difficult access.

- **Waiting for Health Services.** Nineteen per cent (19%) of respondents reported that they or a member of their household were waiting for medical treatment, consultation or tests, surgery, or other health services, compared to 18% in 1999. Fifty-six per cent (56%) of these persons in 2000 were waiting for consultations or tests, 26% were waiting for surgery, 15% were waiting for some other treatment, and 2% were waiting for home care services or long term care placement.
- **Inability to Receive Care.** Ten per cent (10%) of Albertans reported being unable to receive needed care in 2000, up from 9% in 1999. However, most of these respondents indicated that they did eventually get the service they needed, either at a later time or at a different location. Less than two per cent said that there was an occasion during the past year when they never received the care they needed.
- **Ratings by Need for Health Services.** Overall, respondents with poorer health or with high need for health services provided less favourable ratings of the health system in 2000 than did more healthy Albertans, similar to patterns reported in 1999.



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1 Introduction

The 2000 Survey About Health and the Health System in Alberta follows similar surveys conducted annually from 1995 to 1999. For the 1996 to 2000 surveys, Alberta Health contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a survey of 4000 adult Albertans. The purpose of the surveys was to obtain the views of the public on the performance of the health system in Alberta.

The 2000 survey questionnaire was administered to a stratified sample of Albertans in each of the province's seventeen health regions. The PRL's computer assisted telephone interviewing (CATI) system was used to conduct the survey which took place from March 30 to May 10, 2000. This report details the findings from the survey.

2 Methods

2.1 Survey Instrument

Alberta Health and Wellness established a number of objectives for the survey including the assessment of:

- self-reported health status and health needs
- behavioural and lifestyle contributions to health
- knowledge of health services
- quality of health care services received
- information received from health care providers
- involvement in decision-making
- the family's contribution to health care
- availability and accessibility of health care services
- failure to receive needed care
- satisfaction with the health care system
- awareness of statistics or reports on health service performance
- variation by age, gender, and health region

The 2000 survey follows similar surveys conducted annually since 1995. In order to allow for comparison with the data collected in previous years, a number of questions asked in earlier surveys were repeated in the 2000 survey.

A draft form of the 2000 survey instrument was developed by Alberta Health and Wellness and the PRL. This instrument was formatted for use in the PRL's computer assisted telephone interviewing system, and then pretested on a random sample of 30 Albertans on March 15-16, 2000. The purpose of the pretest was to assess the questionnaire for clarity, for ability to generate a strong response rate, and to test the programming of the CATI system. On the basis of the results, minor changes were made in order to better meet the needs of Alberta Health and Wellness. The complete questionnaire is in Appendix B of this report.

The 2000 questionnaire contained several changes from 1999 including the following:

- In the 2000 survey, a question was added to assess physical and mental health over the past 30 days (questions 2a-c).
- In the 2000 survey, respondents were asked if they had seen any statistics or reports on health service performance in Alberta (question 27a-b).
- Questions 20a-c from the 1999 survey were not asked in the 2000 survey. These questions had asked respondents about insurance for prescriptions drugs.

2.2 Changes in Regional Health Authority Boundaries

There were no changes to RHA boundaries in 1999/2000.

2.3 Sampling

The 4000 survey respondents were stratified by RHA, chosen according to age and gender quotas, and weighted in order to provide a representative sample of Albertans 18 or more years of age. It was decided that a minimum of 100 interviews should be conducted in each of the regions. This sample size provides an approximate accuracy level of $\pm 10\%$, nineteen times out of twenty. In the Calgary RHA, the largest health region, the accuracy level is approximately $\pm 4\%$ while for the entire province the accuracy level is approximately $\pm 2\%$, nineteen times out of twenty. When examining differences between years, a difference of 3% or larger is significant for provincial estimates, while significant differences for changes within a region range from 6% for the Calgary RHA to 15% for the smallest RHAs, depending on the regional sample size. (For more details on the sampling procedure, see Appendix A.)

2.4 Response Rate

The response rate for the 2000 survey was 80%. The response rates for the surveys from 1996 to 2000 are shown below. (For more details on the calculation of response rates, see Appendix A.)

	2000	1999	1998	1997	1996
Completed	4000	4000	4000	4000	4000
Refused	898	939	695	961	1125
Incomplete	37	38	35	31	29
Language barrier	77	77	60	117	81
Response rate	80%	79%	84%	78%	76%

2.5 Data Collection and Analysis

The PRL conducted data collection from its research facility at the University of Alberta in Edmonton. Interviewing took place from March 30 to May 10, 2000. Interviewing was scheduled from 9:30 a.m. until 9:00 p.m. on weekdays and from 10:00 a.m. until 4:00 p.m. on Saturdays and 1:00 p.m. until 7:00 p.m. on Sundays. There was no interviewing on Good Friday, Easter Sunday or Easter Monday.

After an initial blanket coverage of interviewing in the weekday daytime, interviewing schedules were concentrated in the weekday evening and weekend time periods. An experienced telephone interview supervisor monitored the work of the interviewers and validated 10% of surveys. A small oversample of interviews (22) was completed for use should any of the 4000 surveys not pass the data verification phase. It was not necessary to use the oversample.

Data collected were automatically tabulated using the PRL's CATI system. The data were imported into SPSS-Windows for data analysis. The data were analyzed for wild codes and inconsistencies. "Other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as described in Appendix A. The weights are not used when the analysis focuses on separate health regions or on the characteristics of the sample itself. The weights are used when the analysis focuses on the province as a whole. A set of weighted province-wide responses was provided to Alberta Health along with 17 separate sets of unweighted frequencies for each of the health regions. The data were also provided to Alberta health in machine-readable form.

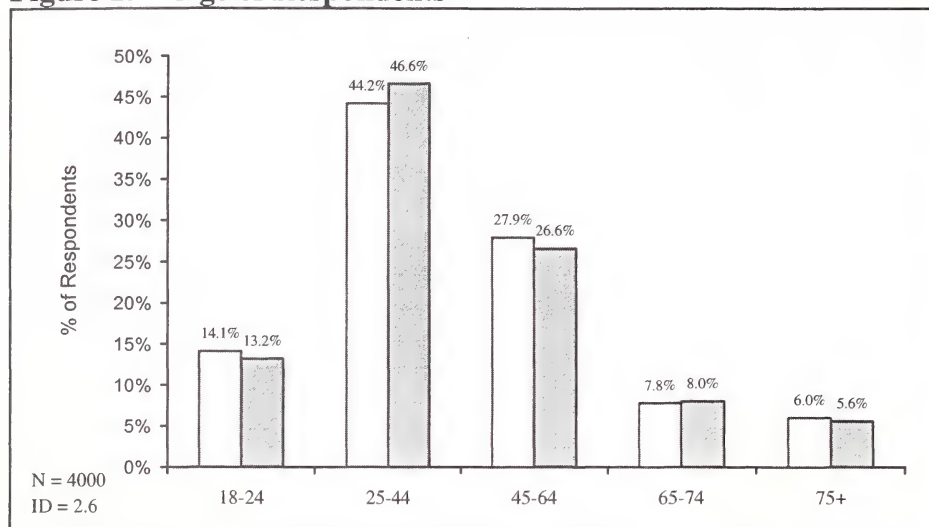
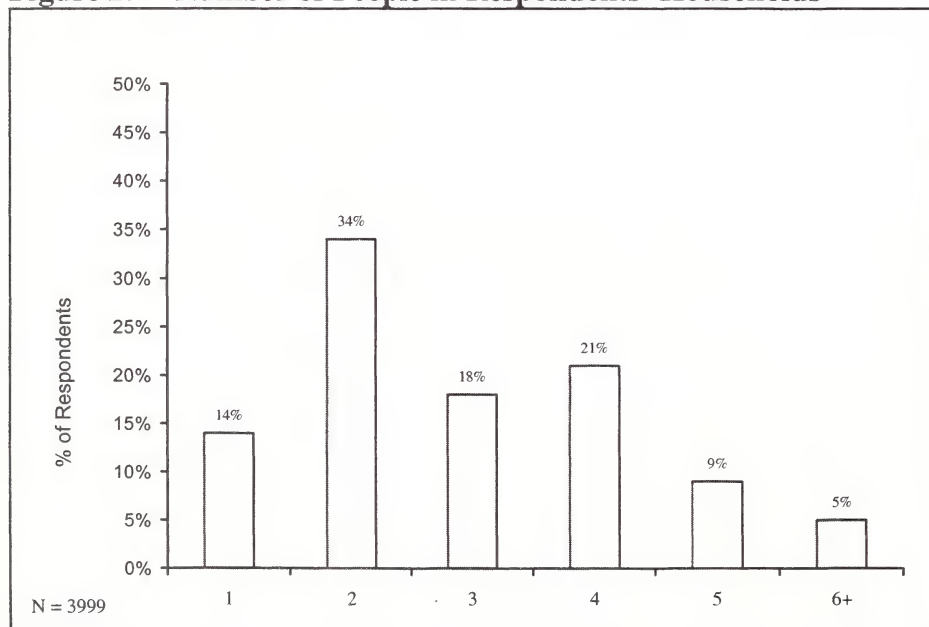
The Chi-square statistic is calculated where appropriate to assess the statistical significance of trends or relationships between variables. A statistically significant pattern is unlikely to be obtained by chance.

2.6 Profile of Respondents

Unweighted data were used to provide a profile of the participants in the survey. The numbers of males and females interviewed were almost equal (1991 males and 2009 females).

Figure 1 shows the distribution of the population by age groups for persons 18 years of age and older in Alberta for both the 2000 survey sample and the 1996 census. The index of dissimilarity indicates that the survey sample accurately represents the adult population of Alberta. The average respondent was between 25 and 44 years of age.

The median household size was 3 persons and 95% of respondents indicated that their household was made up of from 1 to 5 persons including children (see Figure 2). Median household income was \$50,000-54,999 before taxes. The typical respondent had completed high school and had obtained some post-secondary education.

Figure 1: Age of Respondents**Figure 2: Number of People in Respondents' Households**

It is shown in Figure 3 that just over four in every ten respondents in 2000 could correctly name the health region in which they lived. This statistic shows virtually no improvement over 1999. The percentage of respondents who could correctly name their health region ranged from a low of 23% (Westview RHA) to a high of 76% (Mistahia RHA).

Seventy-eight per cent (78%) of respondents reported that they had personally received health care services in Alberta in the past twelve months.

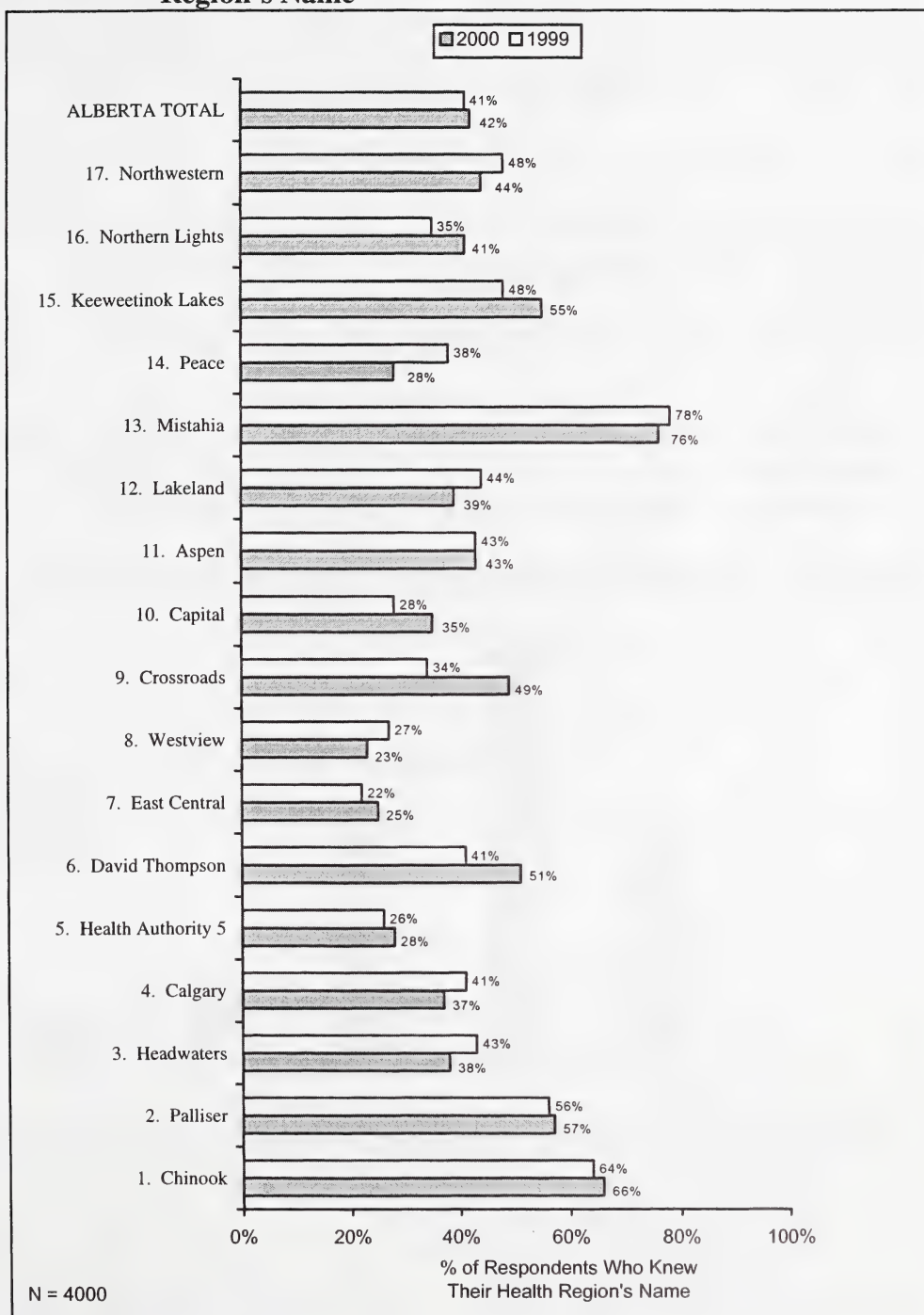
Forty-five per cent (45%) of respondents said that they had seen or read statistics or reports on health service performance in Alberta in the past year. Half (50%) of these respondents said that the statistics or reports that they had seen were produced by the Ministry of Alberta Health and Wellness. Eighteen per cent (18%) of respondents said that the statistics or reports were not produced by Alberta Health and Wellness while 31% did not know the origin of the statistics or reports that they had seen.



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Figure 3: Percentage of Respondents Who Knew Their Health Region's Name



3 Health and Health Service Needs

Respondents were asked about their health status, the health of their current habits and lifestyle, recent changes made to improve health, and their need for health services (see questions 1 to 7 in Appendix B).

3.1 Health Status

Overall, 63% of Albertans rated their health as very good or excellent in 2000 (virtually the same as in 1999; see Figure 4). These self-ratings of health did not change significantly from 1998 to 2000. In all three years, almost 1 in 4 said that their health was excellent while 4 in 10 said that it was very good. One in 4 said that their health was good, less than 10% said it was fair, and less than 4% rated their health as poor.

Figure 5 shows self-reported health status, by health region and year of survey (2000, 1999). In general in 2000, residents in the southern half of the province tended to report higher health status than residents in the northern half of the province. In particular, health status in the Calgary health region was higher than the provincial average.

Figure 4: Compared With Other People Your Age, Your Health is:

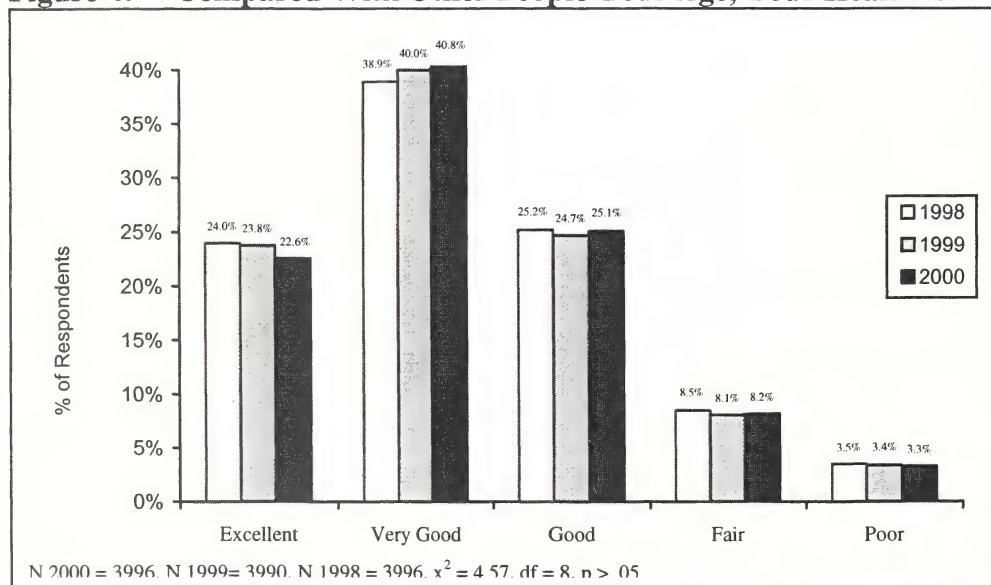
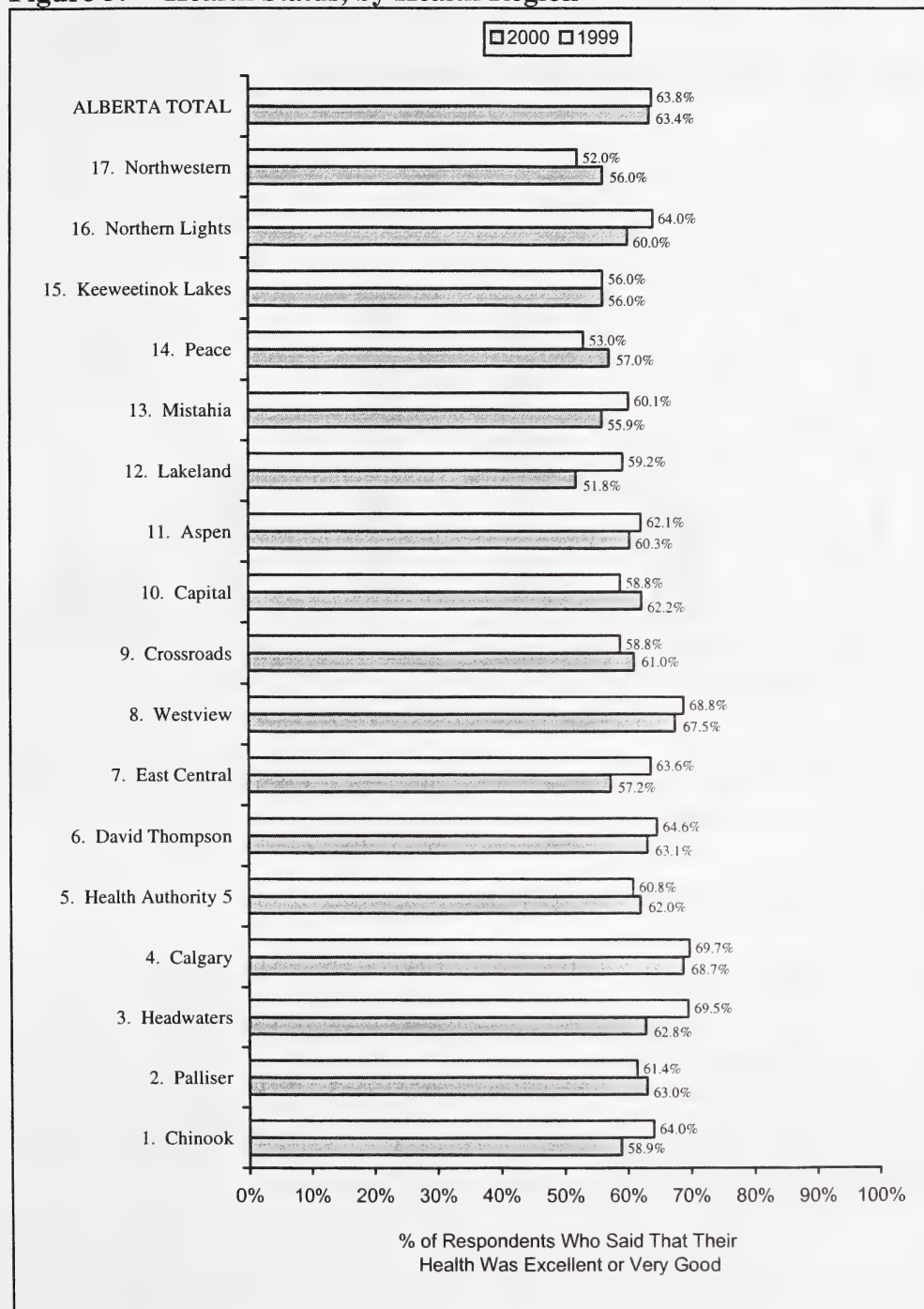
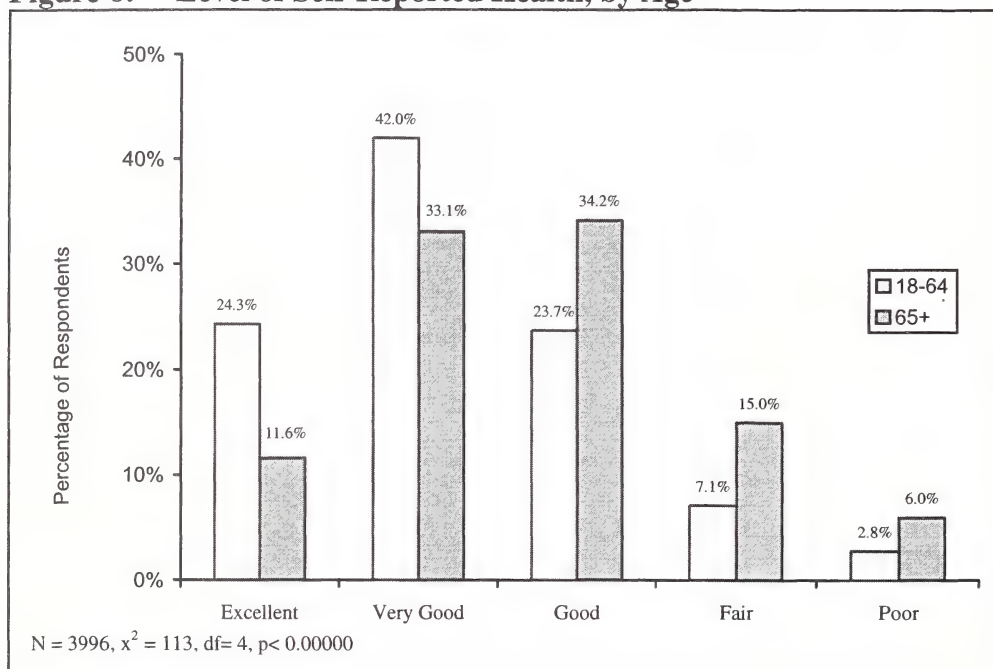


Figure 5: Health Status, by Health Region

Males and females reported similar health levels. However, older persons reported lower health levels than younger respondents (see Figure 6).

Figure 6: Level of Self-Reported Health, by Age



The average respondent reported that over the last thirty days they had enjoyed 26.6 days in good physical health, 26.4 days in good mental health, and 28.0 days when they were able to do their usual activities unimpeded by poor physical or mental health.

3.2 Health Habits and Lifestyle

Most respondents considered their habits and lifestyle to be healthy (see Figure 7a). Furthermore, Figure 7b shows that almost one-half (48%) of respondents said that they had made changes in the past twelve months to improve their health. Figure 8 indicates that females were more likely than males to have made changes in the past twelve months to improve their health and that younger adults were most likely to have made such changes. Figure 9 shows that the most common changes made in the past twelve months by respondents to improve their health were increased exercise (32% of females and 21% of males) and changed diets (28% of females and 17% of males).

Figure 7a: In General, How Would You Describe Your Current Habits and Lifestyle

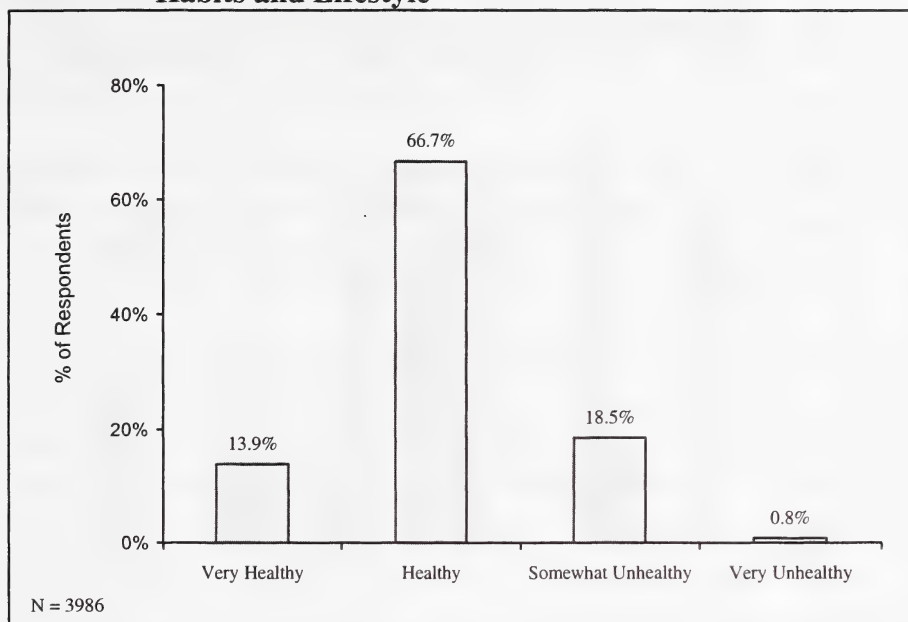


Figure 7b: In the Past 12 Months, Have You Made Any Changes in Your Habits or Lifestyle to Improve Your Health?

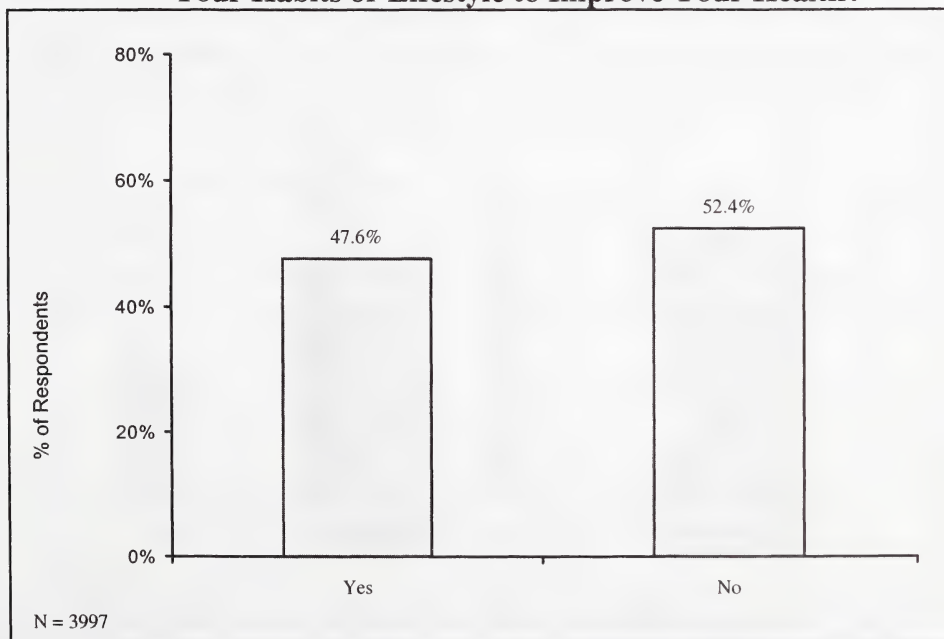


Figure 8: Percentage of Respondents Who in the Past 12 Months Have Made Changes in Their Habits or Lifestyle to improve Their Health, by Age and Gender

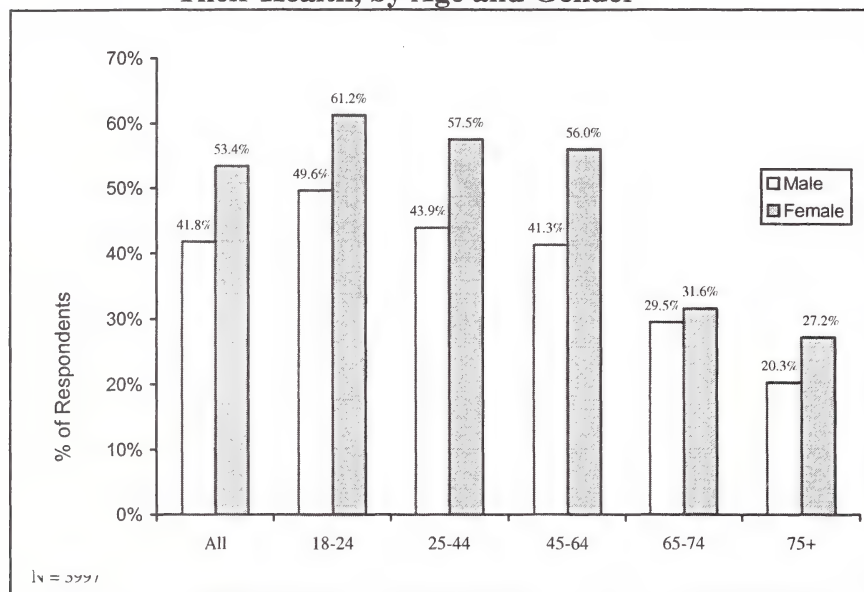
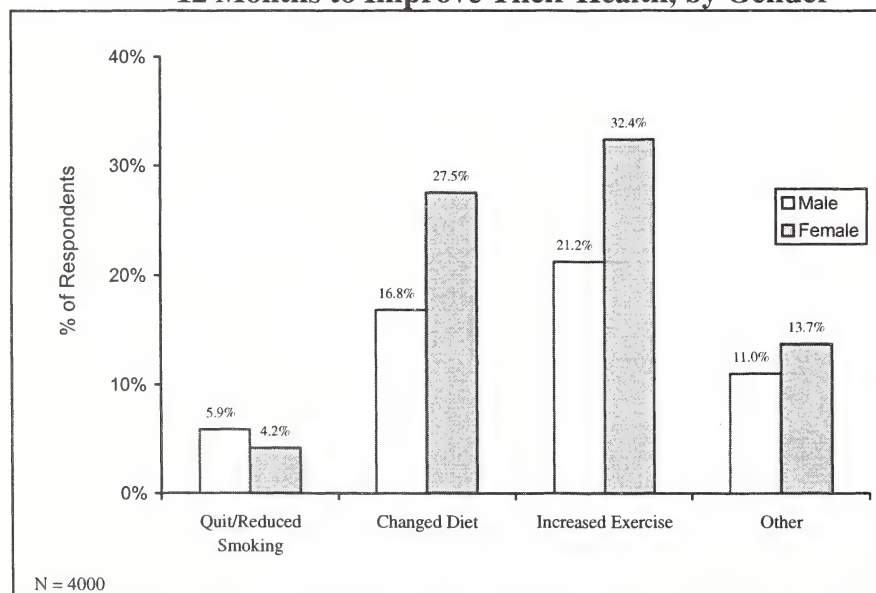


Figure 9: Percentage of Respondents Who Made Changes in the Past 12 Months to Improve Their Health, by Gender



Note: The "Other" category includes respondents who made at least one other change in the past twelve months to improve their health. Less than 5% of respondents made any one of the changes included in the "Other" category.

3.3 Health Service Needs

Twenty-six per cent (26%) of respondents in 2000 (26% in 1999 and 24% in 1998) reported a chronic health problem which requires regular health services (see Figure 10a). Respondents reported the following health conditions:

• Muscular or skeletal diseases/conditions (including skin diseases and arthritis)	6.8%
• Heart and circulatory diseases (including hypertension)	6.4%
• Diabetes, thyroid, and other endocrine diseases	4.0%
• Asthma and other chronic respiratory diseases	3.7%
• Neurological diseases (including CNS degeneration, fibromyalgia, Parkinson's)	2.6%
• Chronic Pain	1.7%
• Gastro-intestinal diseases (affecting liver, pancreas, stomach, intestines, and gall bladder)	1.9%
• Mental Health	1.5%
• Cancer (all types)	0.9%
• Allergies	0.8%
• Genito-urinary (kidneys, bladder, urinary tract)	0.8%
• Reproductive (e.g., impotence, fertility)	0.3%

Over 8% of respondents (9% in 1999 and 8% in 1998) reported that their need for health services was high (see Figure 10b). Figure 10c shows that 18% of households (18% in 1999 and 16% in 1998) had a member who had a high level of need for health services.

Females and older age groups were more likely to report chronic health problems which require regular health services (see Figure 11). Figure 12 shows that female respondents under age 65 were more likely than males to report a high level of need for health services in the past year, controlling for age. Finally, the percentage of respondents reporting a high level of need tended to rise with age for males although not for females.

Figure 10a: Do You Have A Chronic Health Problem Which Requires Regular Health Services?

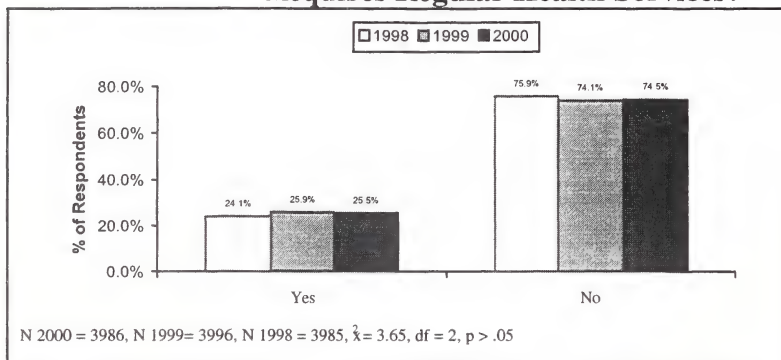


Figure 10b: Describe Own Level of Need for Health Services During the Past Year

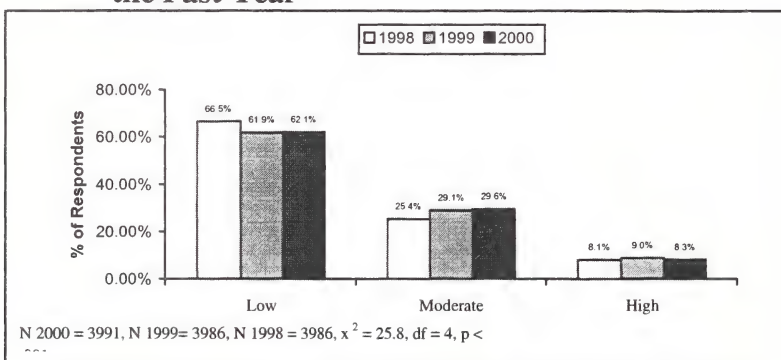


Figure 10c: Need for Health Services for Household Person Who Had the Greatest Need During the Past Year

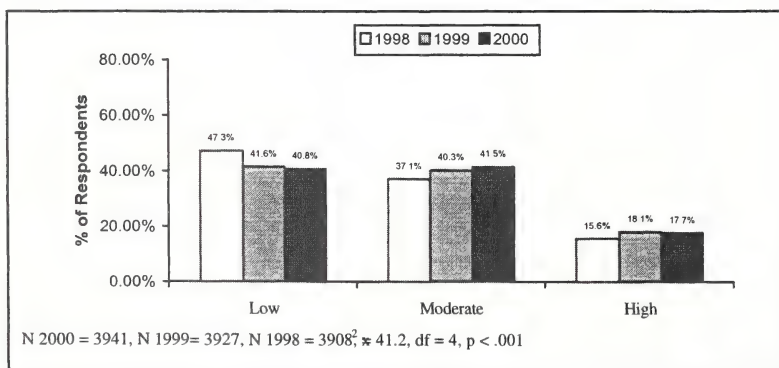


Figure 11: Percentage of Respondents With a Chronic Health Problem Requiring Regular Health Services, by Age and Gender

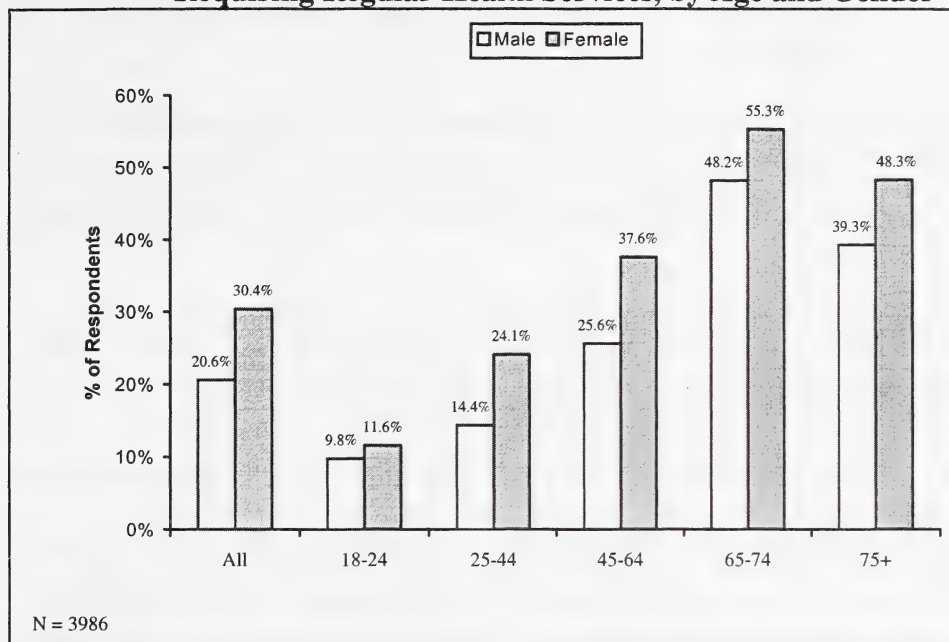
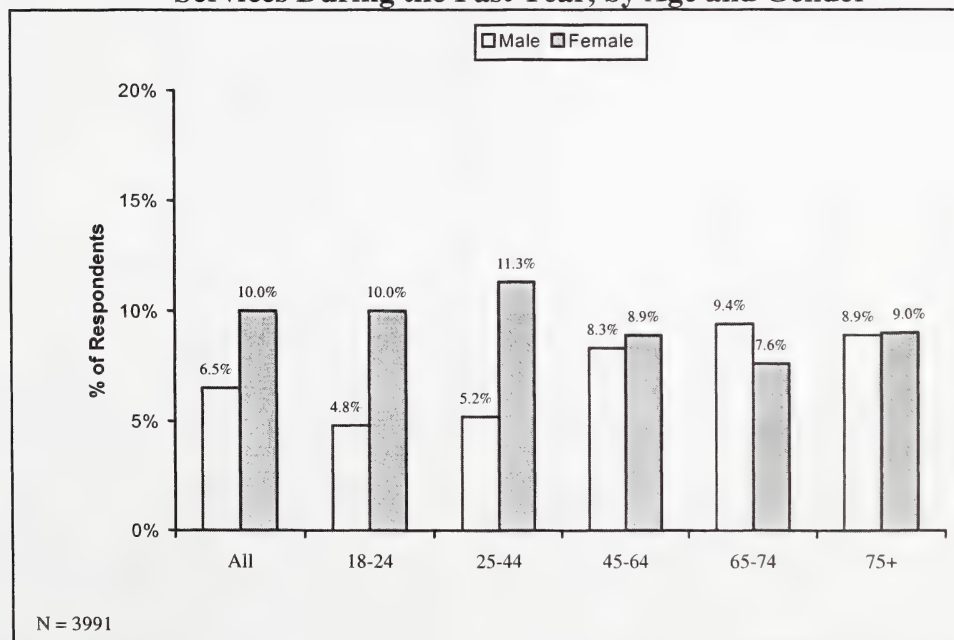


Figure 12: Percentage of Respondents With a High Need for Health Services During the Past Year, by Age and Gender

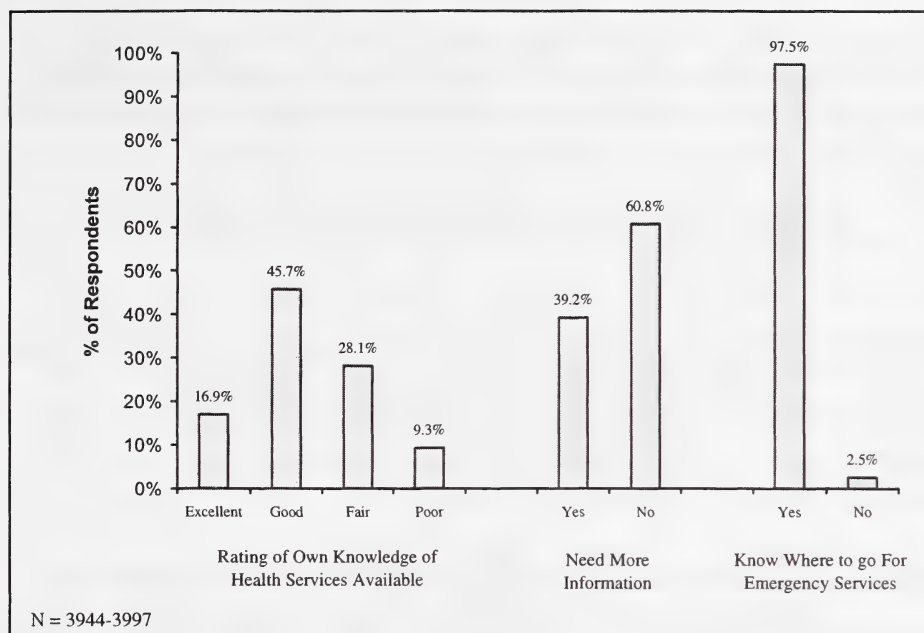
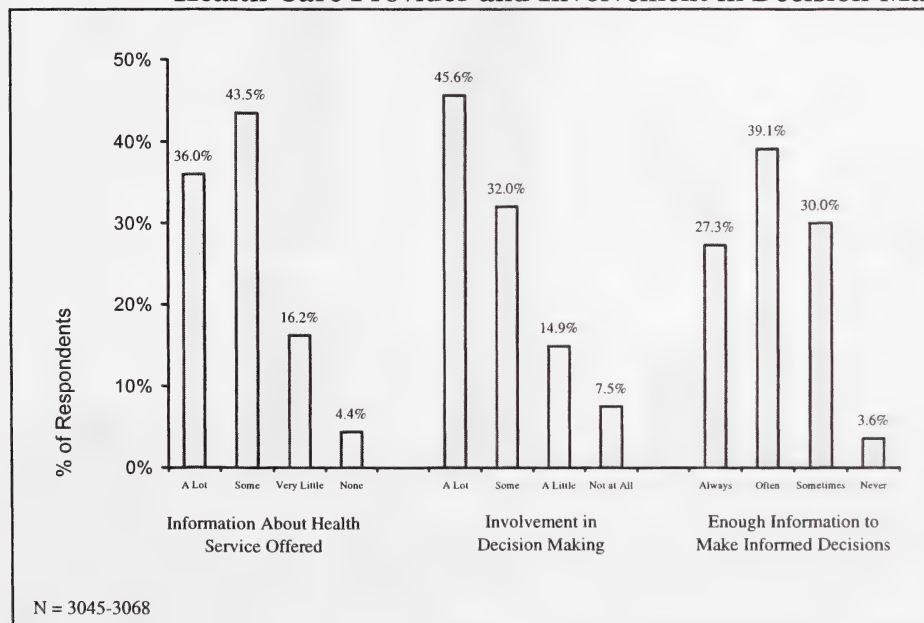


4 Knowledge of the Health Care System and Information Received From Health Care Providers.

Respondents were asked several questions about their knowledge of health services. In addition, respondents who had personally received health care in Alberta in the past twelve months were asked about the information that they received from health care providers and their involvement in health care decision-making (see questions 8-10 and 20-22 in Appendix B).

Respondents said their knowledge of the health services available to them was either excellent (17%) or good (46%) (see Figure 13). Almost all (98%) knew where to go for emergency medical services. Nevertheless, 39% of respondents said that they needed more information about health services available to them.

Figure 14 shows that the majority of respondents who had personally obtained health care service in Alberta in the past twelve months said that they received either a lot of information (36%) or some information (44%) about the health services offered to them. Figure 14 also shows that 46% said they were involved “a lot” while another 32% indicated that they were involved “somewhat” in making the decisions about the health care services they received. Finally, 1 in 4 respondents felt that they always had enough information to make informed decisions about needed health care services while 39% and 30% respectively felt that they often or sometimes had enough information. These results were similar to those reported in 1999.

Figure 13: Knowledge of Health Services**Figure 14: Amount of Information Received by Respondent From Health Care Provider and Involvement in Decision-Making**

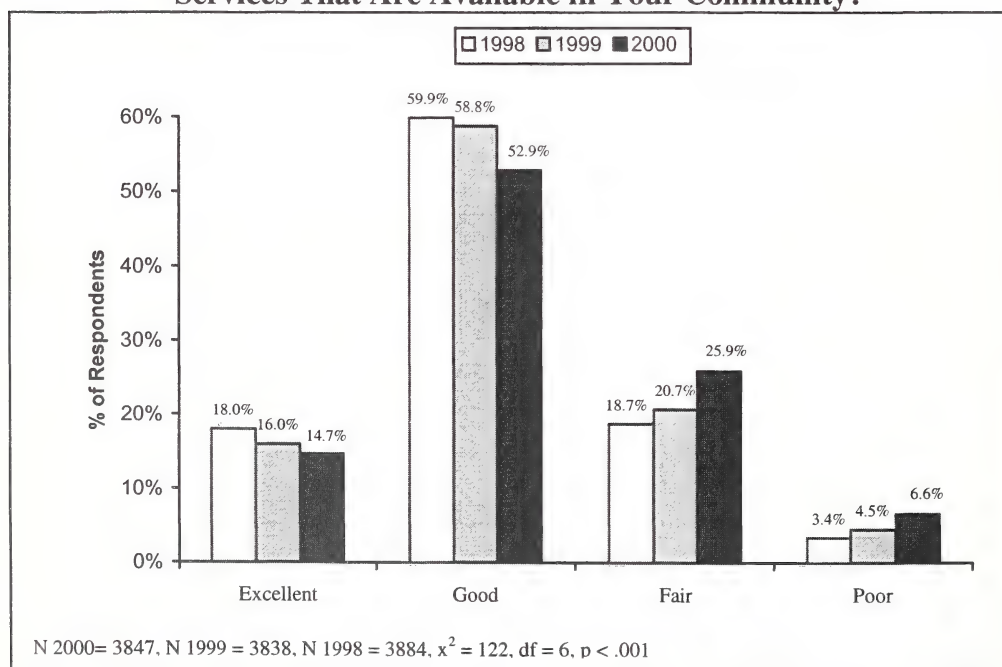
5 Quality of Health Care Services

Respondents were asked to rate the overall quality of health care available in their community, the quality of care personally received, the quality of care received from a physician, and the quality of care received at a hospital. (See questions 12 and 15 to 18 in Appendix B.)

5.1 Quality of Health Care Services in the Community

Overall, 67.6% of Albertans rated the quality of health care services available in their community as either good or excellent in 2000 (compared to 74.8% in 1999; see Figure 15). These ratings changed significantly from 1998 to 2000 with respondents in 2000 more likely to judge health care services in the community to be fair or poor and less likely to rate them as excellent or good. In 2000, 14.7% of respondents rated the quality of health care services in their community as excellent, 52.9% said quality was good, 25.9% chose fair, while 6.6% said quality was poor.

Figure 15: Overall, How Would You Rate the Quality of Health Care Services That Are Available in Your Community?



5.2 Quality of Care Personally Received

A total of 3116 of the 4000 survey respondents (78%) had personally received health care service in Alberta in the past twelve months. Overall, 85.7% of Albertans rated the quality of health care services personally received as good or excellent in 2000 (compared to 78.5% in 1999; see Figure 16). These ratings changed significantly. In comparison to 1999, respondents in 2000 were more likely to rate the quality of care received as good or excellent and were less likely to rate care received as fair or poor. In 2000, 31.4% of respondents said that the quality of health services that they had personally received was excellent, 54.3% said good, 11.8% chose fair, while 2.5% said quality was poor.

Figure 16: Overall, How Would You Rate the Quality of Care You Personally Received in the Past 12 Months?

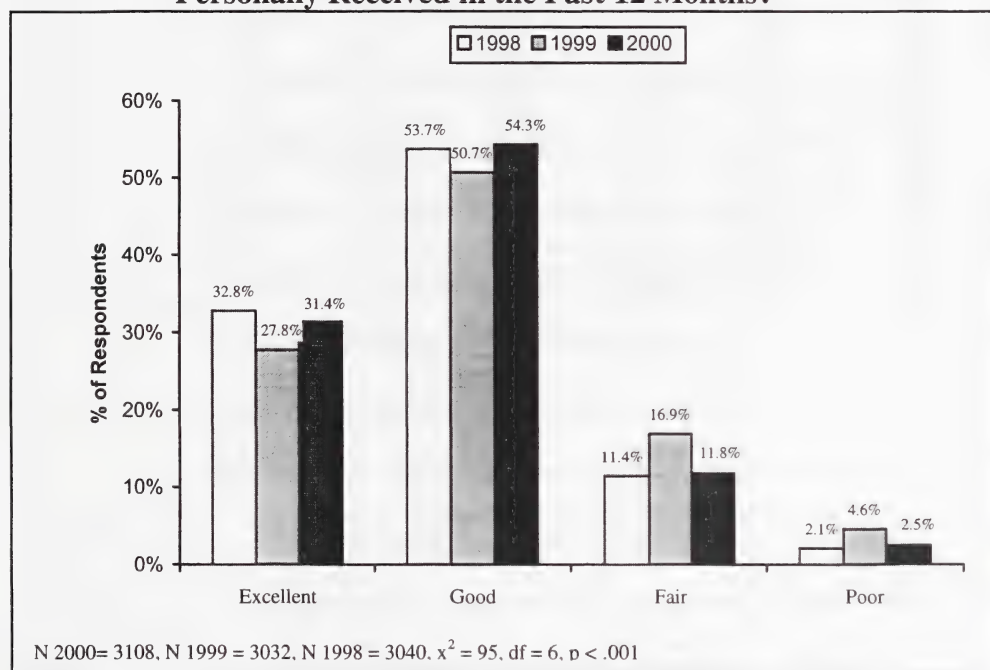
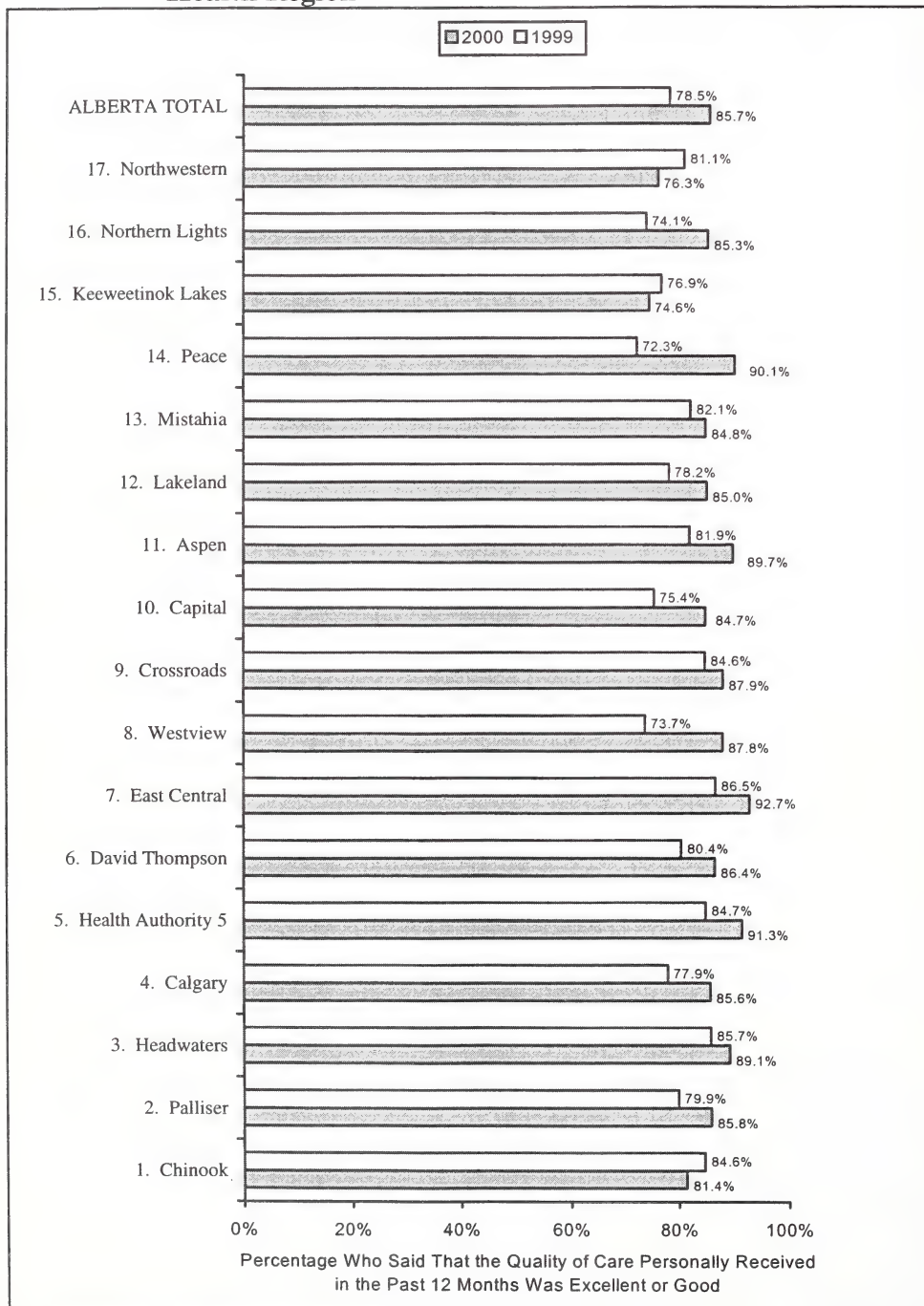


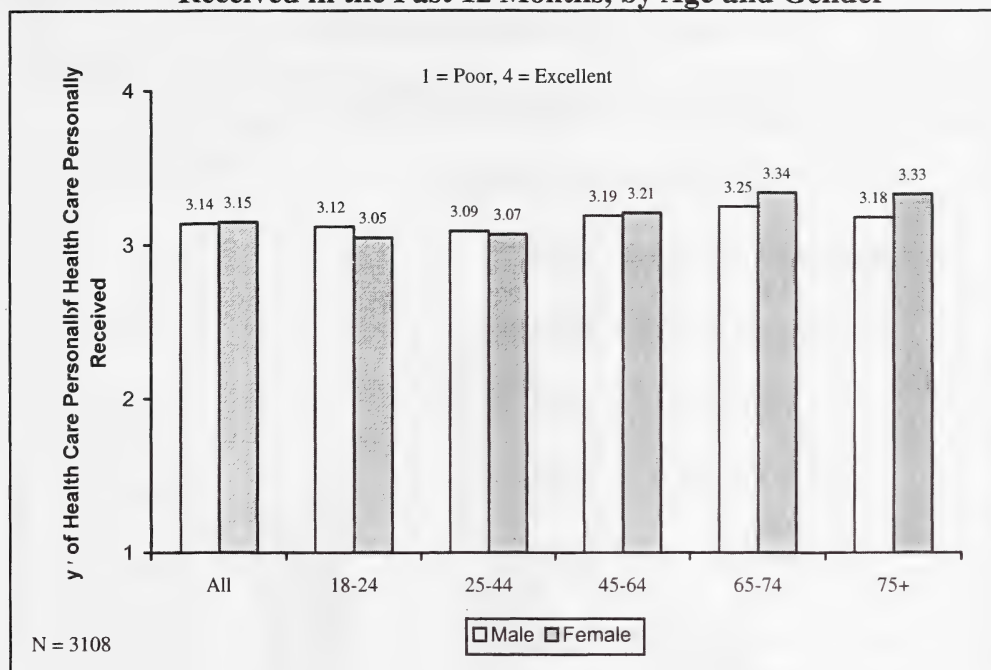
Figure 17 shows ratings of the quality of health care personally received by health region and year of survey (2000, 1999). Ratings of the quality of health care personally received by respondents in the Calgary region and in the Capital (Edmonton) region were close to the provincial average. Ratings rose from 1999 to 2000 in 14 of the 17 health regions.

Figure 17: Quality of the Health Care Services Personally Received, by Health Region



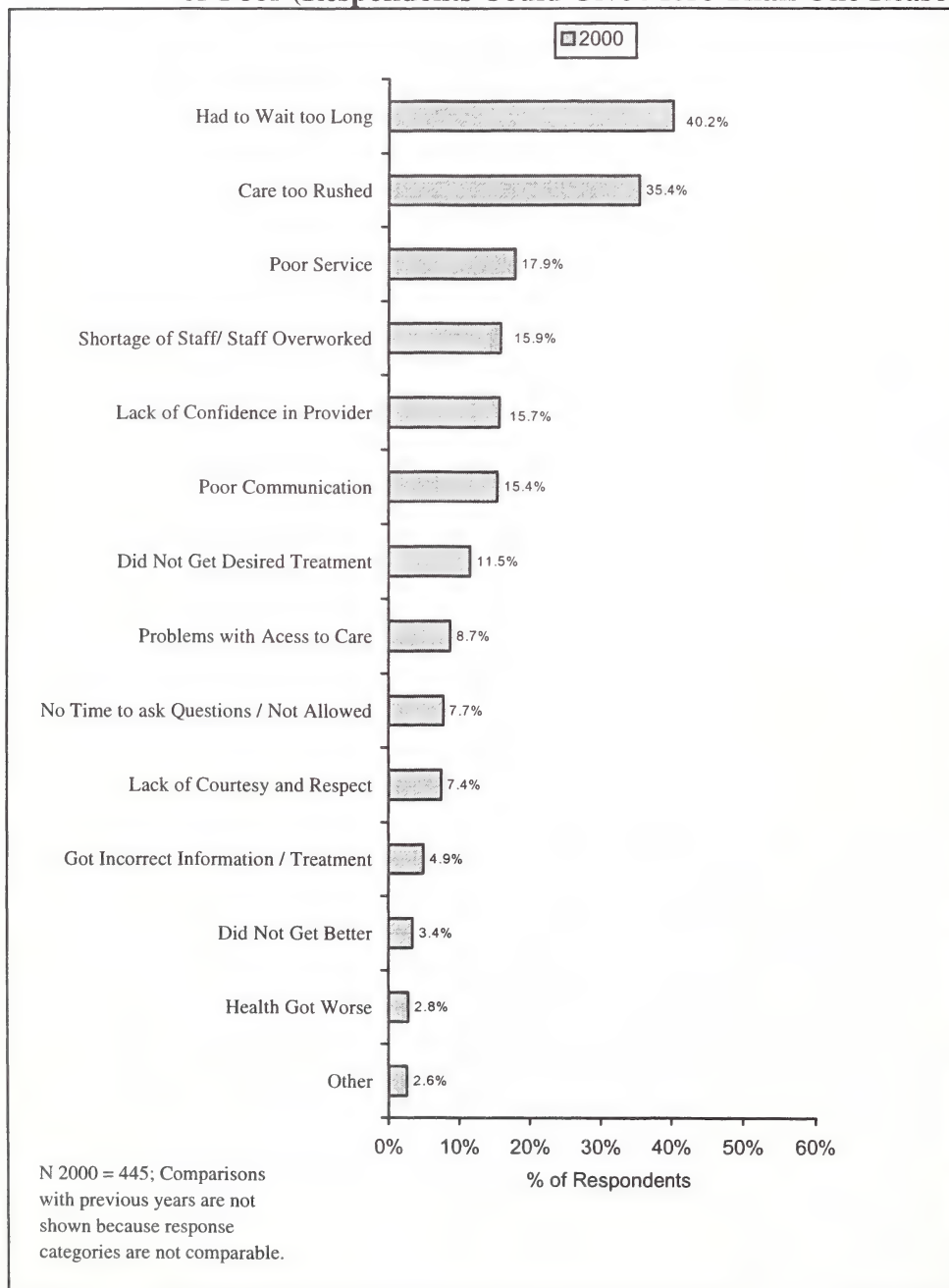
Ratings of the quality of health care personally received in the past twelve months did not vary noticeably by gender. Older Albertans, however, tended to give higher ratings of quality of care received (see Figure 18).

Figure 18: Average Rating of Quality of Health Care Personally Received in the Past 12 Months, by Age and Gender



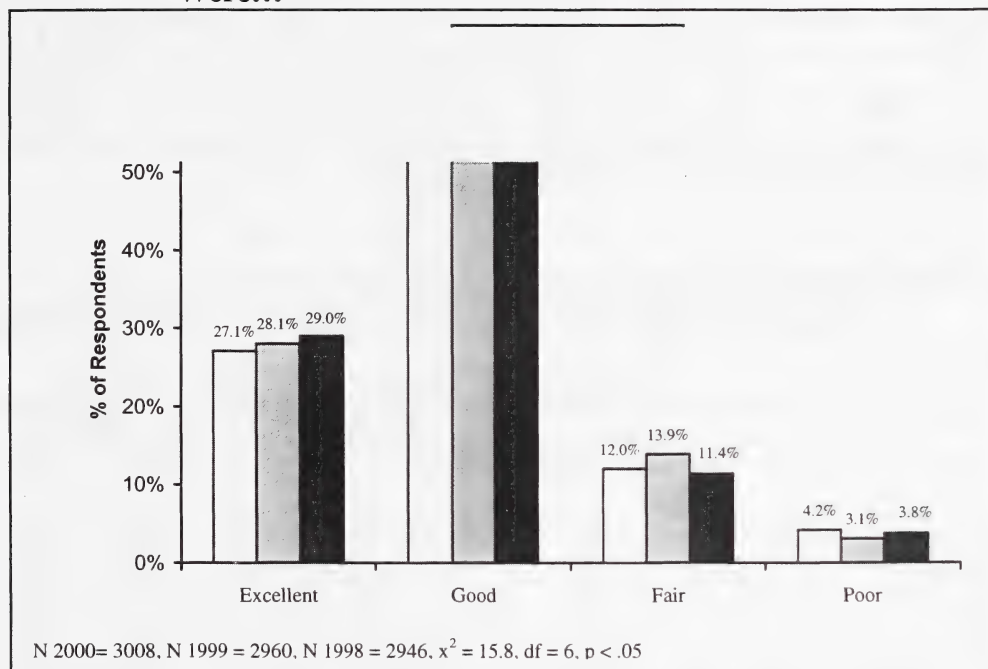
The reasons given by the 14% of respondents who had received care and rated it as either fair or poor are shown in Figure 19 (multiple responses were recorded). The most frequent complaint concerned having to wait too long (40%) or feeling too rushed (35%). Others complained that they received poor service (18%) or that there were not enough staff or that staff were overworked (16%). Some said that they lacked confidence in provider of care (16%), experienced poor communication (15%), did not get the desired treatment (12%), had problems with access to care (9%), did not have the opportunity to ask questions (8%), were not treated with courtesy and respect (7%), or were given incorrect information or incorrect treatment (5%). A few felt that their health did not get better (3%), or that it got worse (3%).

Figure 19: Reasons Why Respondents Who Received Health Care Services in the Past 12 Months Rated That Service as Fair or Poor (Respondents Could Give More Than One Reason)



Overall, 84.9% of Albertans rated the results of health care services personally received as good or excellent in 2000 (compared to 83.0% in 1999; see Figure 20). A total of 29.0% of respondents in 2000 said that the results of health care services that they had received were excellent, 55.9% said good, 11.4% chose fair, while 3.8% said results were poor.

Figure 20: How Did the Health Care Services You Received in the Past 12 Months Affect Your Health? Would You Say the Results Were...



Ratings of the quality of care personally received were significantly related to the respondent's health status and level of need for health services (see Tables 1 and 2). That is, respondents with better health tended to rate the quality of care received higher than respondents with poorer health. Similarly, respondents with a low level of need for health services tended to rate the quality of care received higher than respondents with a high level of need.

Table 1 Rating of Quality of Care Personally Received in Past 12 Months, by Self-Reported Health Status

Rating of Quality of Care Personally Received in Past 12 Months	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999
Excellent	41.0	38.4	33.1	29.5	24.5	21.6	23.9	18.3	29.2	16.7
Good	48.2	44.6	54.6	52.0	60.0	55.0	56.9	52.6	38.9	38.0
Fair	9.6	12.4	10.8	14.5	13.0	20.0	14.1	23.2	18.8	31.5
Poor	1.2	4.6	1.5	4.0	2.6	3.4	5.1	5.9	13.1	13.8
Total	100	100	100	100	100	100	100	100	100	100
(n)	(627)	(642)	(1246)	(1195)	(816)	(794)	(292)	(270)	(125)	(123)

χ^2 1999 = 130, df = 12, $p < .000$; χ^2 2000 = 134, df = 12, $p < .000$

Table 2 Rating of Quality of Care Personally Received in Past 12 Months, by Own Level of Need for Health Services in Past Year

Rating of Quality of Care Personally Received in Past 12 Months	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	2000	1999	2000	1999	2000	1999
Excellent	32.2	29.7	27.5	24.8	39.2	27.2
Good	54.9	52.1	57.1	52.3	42.3	38.9
Fair	11.0	14.7	12.8	17.9	12.7	25.0
Poor	1.9	3.5	2.6	5.0	5.8	9.0
Total	100	100	100	100	100	100
(n)	(1740)	(1688)	(1036)	(1000)	(325)	(339)

χ^2 1999 = 54, df = 6, $p < .000$; χ^2 2000 = 40, df = 6, $p < .000$

5.3 Quality of Care Personally Received from a Physician

Respondents who had personally received health care services in Alberta in the past twelve months were asked if they had received health services from a physician in Alberta during that time. Ninety-six per cent (96%) of respondents who had received some form of care had received health services from a physician (n=3000). For those receiving physician services, the most recent service was obtained from a family doctor (80%) or from a specialist (20%).

Respondents who had most recently seen their family doctor indicated how long they had to wait from the time they made the appointment. Thirty-seven per cent (37%) of respondents saw their doctor on the same day, an additional 42% saw their doctor in less than one week, 12% waited from one week up to two weeks, and 6% waited from two weeks to a month. Three per cent (3%) waited more than one month.

Respondents who had most recently seen a specialist indicated how long they had to wait from the time they made the appointment. Twelve per cent (12%) of respondents saw the specialist on the same day, 16% saw the doctor in less than one week, 14% waited from one week up to two weeks, and 18% waited from two weeks to a month. Forty per cent (40%) waited more than one month including 25% who waited for up to three months, 12% for three to six months, and 4% who waited more than six months.

Overall, 90.4% of Albertans rated the quality of health care service received from a physician as either excellent or good in 2000 (compared to 89.3% in 1999; see Figure 21). In 2000, 49% of respondents rated the quality of physician care most recently received as excellent, 42% rated it as good, 7% indicated fair, and 2% said poor.

Ten per cent (10%) of those respondents receiving physician care (n=289) rated the quality of care received as fair or poor. The reasons these persons gave for their rating of physician care (multiple responses were recorded) included feeling too rushed (55%), lack of attention to respondent's needs (30%), poor communication (21%), lacking confidence in physician (20%), waiting too long to get the appointment (12%), or no time to ask questions/not involved in decisions (12%). Others complained that they did not get desired treatment (21%) or got incorrect treatment (5%). Others said there was a lack of courtesy and respect (10%).

Overall, 86.5% of Albertans rated the effect of health services received from their doctor as good or excellent in 2000 (compared to 85.7% in 1999; see Figure 22). In 2000, 35% of respondents who had received physician services in the past twelve months said that the results of physician care were excellent, 51% indicated good, 10% selected fair, and 4% said the results were poor.

Figure 21: Overall, How Would You Rate the Quality of Care You Personally Received from a Physician in the Past 12 Months?

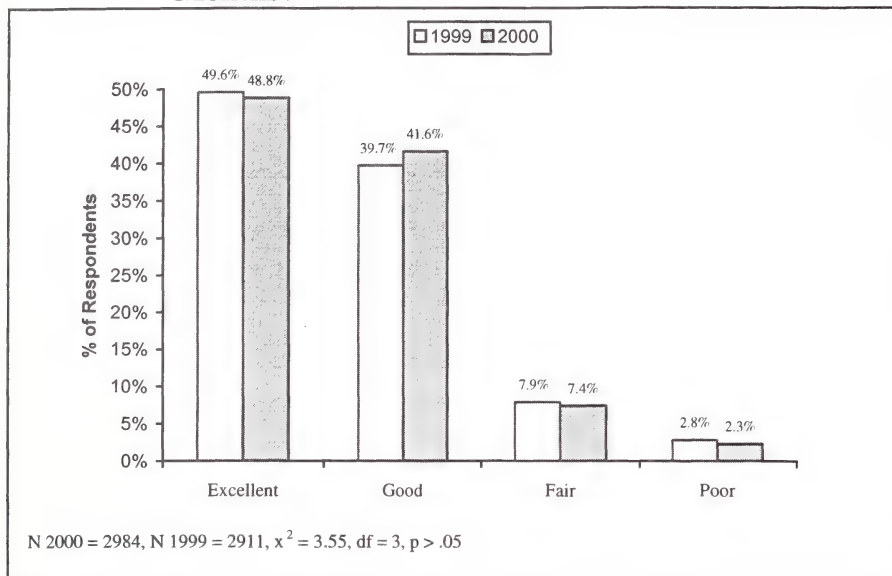
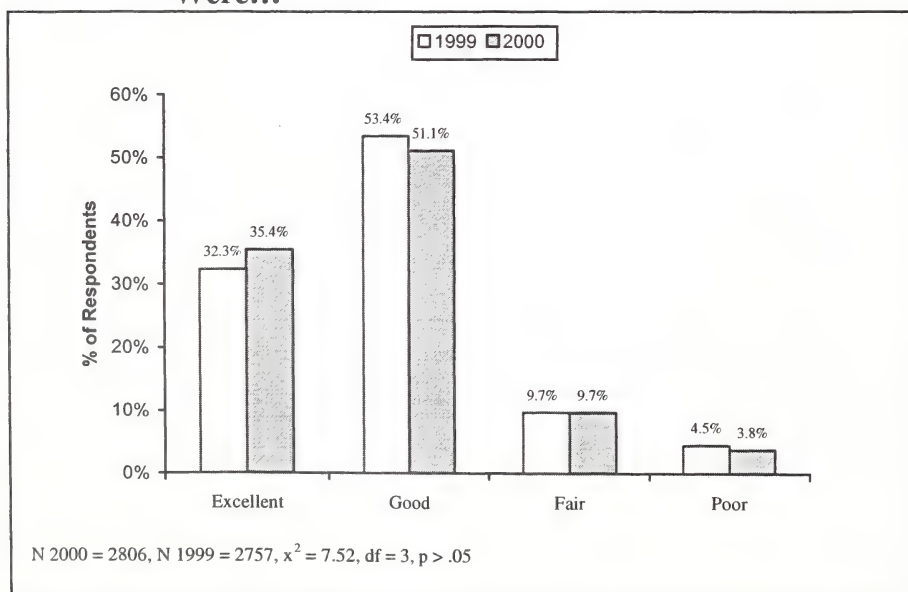


Figure 22: How Did the Physician Services You Received in the Past 12 Months Affect Your Health? Would You Say the Results Were...



5.4 Quality of Care Personally Received from a Hospital

Respondents who had personally received health care services in Alberta in the past twelve months were asked if they had received health services at a hospital in Alberta during that time. Thirty-nine per cent (39%) of respondents who had received some form of care had received health services at a hospital (n=1203). For those receiving hospital services, the most recent services utilized were emergency care (38%), day (outpatient) services (37%), and overnight (inpatient) care (26%).

Overall, 82.5% of respondents who had personally received health care services at a hospital rated the care they had most recently received in 2000 as good or excellent (compared to 74.3% in 1999; see Figure 23). These ratings changed significantly from 1998 to 2000 with respondents in 2000 more likely to judge the hospital care that they had received as good or excellent and less likely to judge that care as fair or poor. In 2000, 41% of respondents rated the quality of hospital care most recently received as excellent, 42% rated it as good, 10% indicated fair, and 7% said poor.

Seventeen per cent (17%) of those respondents receiving hospital care (n=210) rated the quality of care received as fair or poor. The reasons these persons gave for their rating of hospital care (multiple responses were recorded) included waiting too long at the hospital before service was provided (45%) and waiting too long to get into the hospital (8%). Others complained that care was too rushed (32%), or that there was a shortage of staff and overworked staff (25%). Some complained of a lack of confidence in provider of care (16%), or of a lack of attention to respondent's needs from staff (15%) and from doctors (15%), or lack of courtesy and respect from staff (14%) and from doctors (10%). Others said that they did not get desired treatment (14%) or got incorrect treatment (9%) or that there was poor communication (12%).

Overall, 84.0% of respondents who had personally received health services in a hospital rated the effect of the hospital care that they had most recently received as good or excellent (compared to 82.8% in 1999; see Figure 24). These ratings changed significantly from 1998 to 2000 improving from 1999 to 2000 following a decline from 1998 to 1999. In 2000, 36% of respondents who had received hospital services in the past twelve months said that the results of hospital care were excellent, 48% indicated good, 9% selected fair, and 7% said the results were poor.

Figure 23: Overall, How Would You rate the Quality of Care You Personally Received in a Hospital in the Past 12 Months?

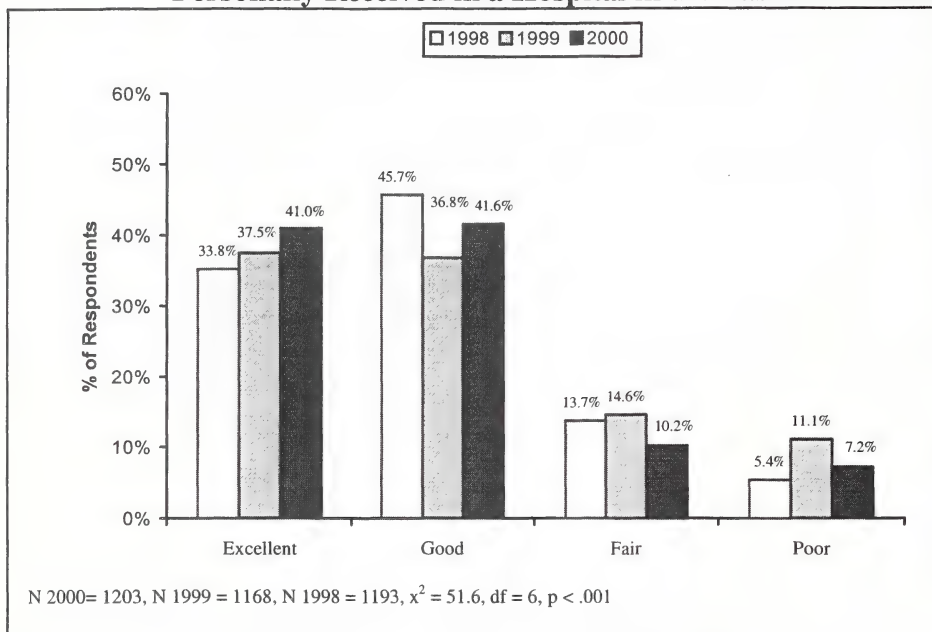
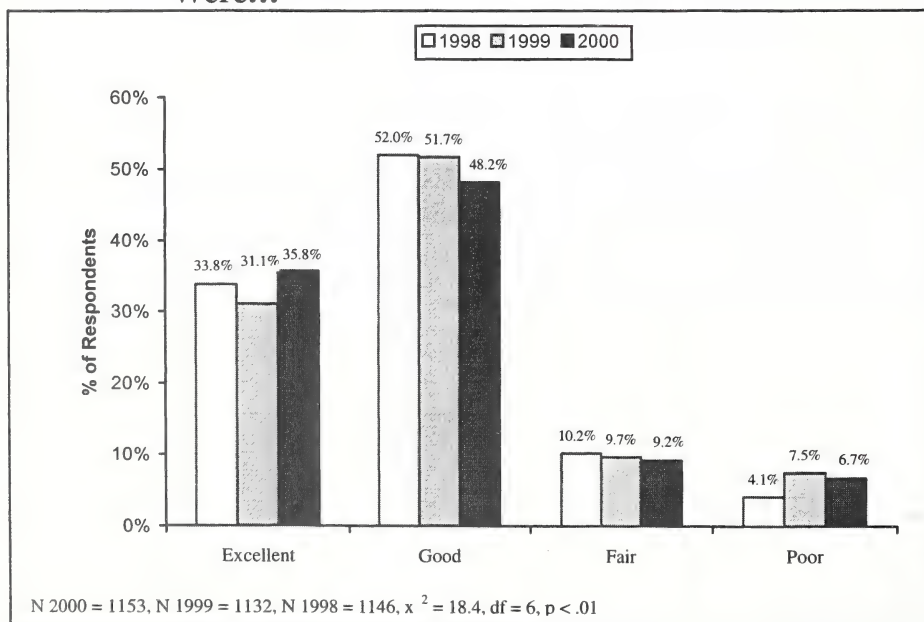


Figure 24: How Did the Hospital Services You Received in the Past 12 Months Affect Your Health? Would You Say the Results Were...



5.5 Quality of Hospital Care Received by a Household Member

Respondents were asked if any members of their household other than the respondent had received health services at a hospital in Alberta during the past twelve months. Thirty-eight per cent (38%) of respondents (n=1473) reported that at least one household member had received health services at a hospital. Forty-two per cent (42%) of the household members who had most recently received health services at a hospital were children, 38% were the spouse of the respondent, 10% were a parent of the respondent, and 10% were other household members. For those receiving hospital services, the most recent services utilized were emergency care (46%), day (outpatient) services (27%), and overnight (inpatient) care (27%).

Thirty-six per cent (36%) of respondents who had a household member who had received hospital services rated the quality of care that member had received as excellent, 43% rated it as good, 12% indicated fair, and 9% said poor.

Twenty-one per cent (21%) of respondents who had a household member who had received hospital care (n=300) rated the care as either fair or poor (multiple responses were recorded). The most frequent complaints concerned waiting too long at the hospital before service was provided (41%), waiting too long to get into the hospital (11%), and care being too rushed (24%). Others complained of a shortage of staff or overworked staff (18%) or of a lack of confidence in provider of care (17%). Some complained that they did not get desired treatment (14%) or got incorrect treatment (11%). Others complained of a lack of attention to patients' needs from staff (10%) and from doctors (10%), lack of courtesy and respect from staff (9%) and from doctors (7%), poor communication (9%), and being sent home too soon (7%).

Thirty-four per cent (34%) of respondents who had a household member who had received hospital services in the past twelve months said that the results were excellent, 48% indicated good, 10% selected fair, and 8% said the results were poor.

6 Complaints

Respondents were asked if they had wanted to complain or had made a complaint about health services received in the past year either by themselves or a member of their household (see questions 19a to 19e in Appendix B).

Twenty-one per cent (21%) of respondents had wanted to make a complaint about health services that they or someone in their household had received during the past year. Of the 723 persons who had wanted to complain, 230 (32%) did make a complaint. The 230 complainants represented 7% of the 3443 households which had received health services during the past year.

The 230 complainants made their complaints to the following: the person in charge of the health care facility or unit (26%), their doctor (30%), the person providing the service (20%), the regional health authority (12%), a professional group such as the College of Physicians and Surgeons (7%), an appeals body such as the Health Services Review Committee (1%), Alberta Health and Wellness (5%), and elected government officials (14%). Some complained to more than one person or agency. Some complained informally to family or friends (7%). Only one person complained to the media.

Of 200 respondents who had made a formal complaint, 11% said that they were very satisfied with the response to their complaint and another 31% indicated they were satisfied. However, 25% said they were dissatisfied and 33% indicated that they were very dissatisfied. An additional 7 respondents made formal complaints but declined to comment on whether or not they were satisfied with the response to their complaint.

A total of 506 respondents had wanted to complain but did not make a formal complaint. Reasons given for not formally complaining included believing that nothing would be done about the complaint (34%), not knowing how to make a formal complaint (33%), feeling it was too much trouble (16%), perceiving that there was no one to complain to (9%), feeling that their complaint was not important enough (9%), and fearing that complaining would make things worse (6%). (Note that respondents could give more than one reason for not making a formal complaint.)

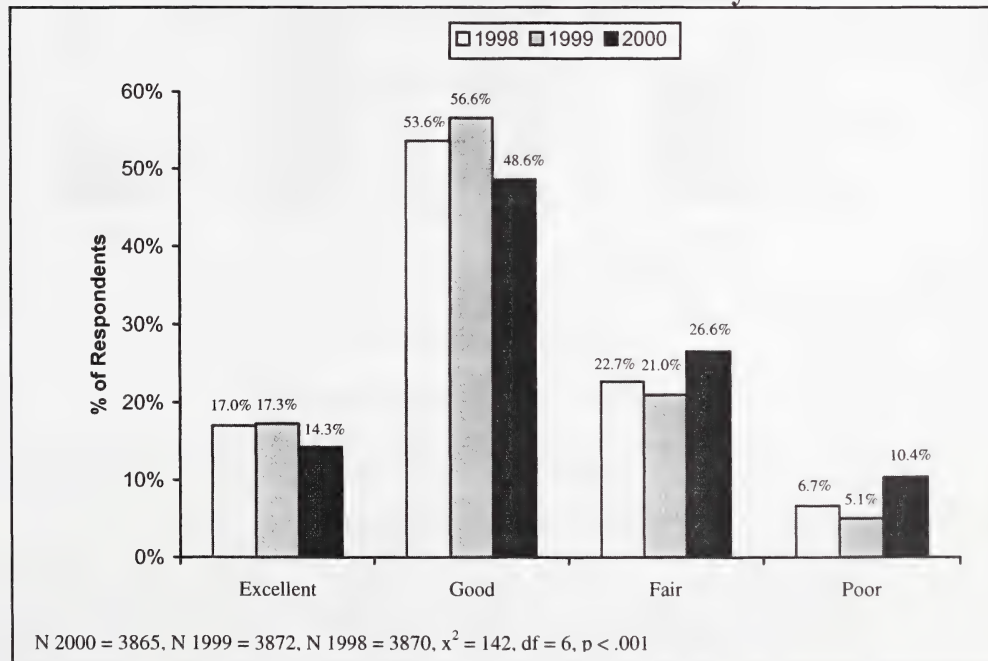
7 Availability and Accessibility of Health Care Services

Respondents were asked to rate the availability of health care services in their community and to comment on the ease or difficulty of obtaining health care services when needed. Respondents were also asked if they or a person in their household was currently waiting for health care services or if they had been unable to obtain health care services when needed (see questions 11, 13, 14, and 24 in Appendix B).

7.1 Availability of Services in the Community

Overall, 63.0% of Albertans rated the availability of health care services in their community as good or excellent in 2000 (compared to 73.9% in 1999; see Figure 25). These ratings of health care availability fell significantly from 1999 to 2000 with fewer respondents selecting good or excellent in 2000 and more selecting fair or poor. In 2000, 14.3% of respondents rated the availability of health services in their community as excellent, 48.6% said good, 26.6% chose fair, and 10.4% said availability was poor.

Figure 25: Overall, How Would You Rate the Availability of Health Care Services in Your Community?



7.2 Ease of Access to Needed Health Care Services

Overall, 64.4% of Albertans rated health care accessibility as easy or very easy in 2000 (compared to 72.6% in 1999: see Figure 26). Ratings of access to health care services changed significantly from 1998 to 2000 with fewer respondents in 2000 indicating that access was very easy or easy and more saying that access was a bit difficult or very difficult. In 2000, 15.5% of respondents said access was very easy, 48.9% said easy, 29.0% indicated access was a bit difficult, while 6.6% said it was very difficult.

Figure 26: How Easy or Difficult Is It For You to Get the Health Care Services You Need When You Need Them?

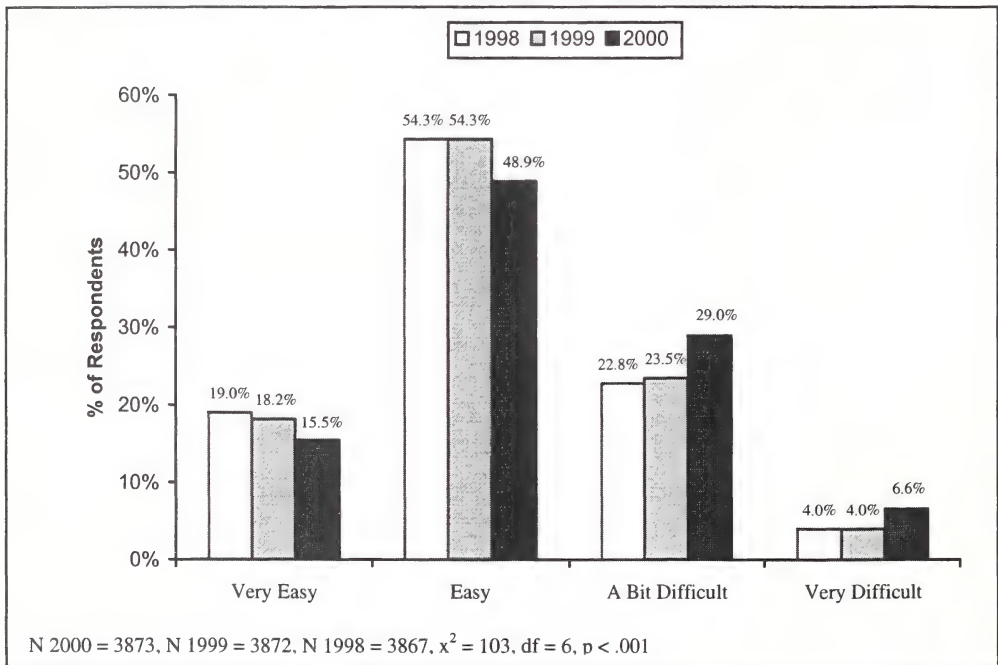


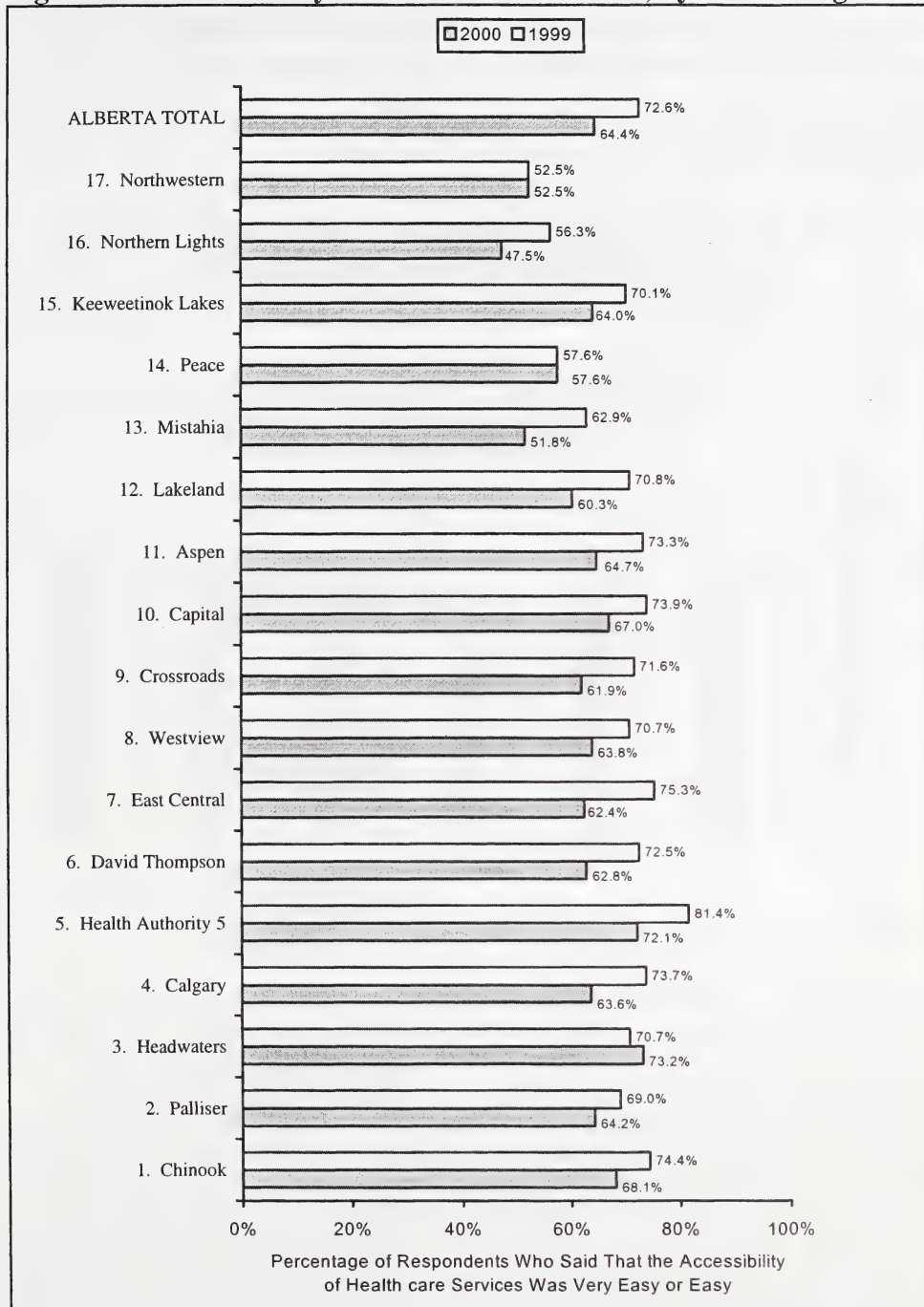
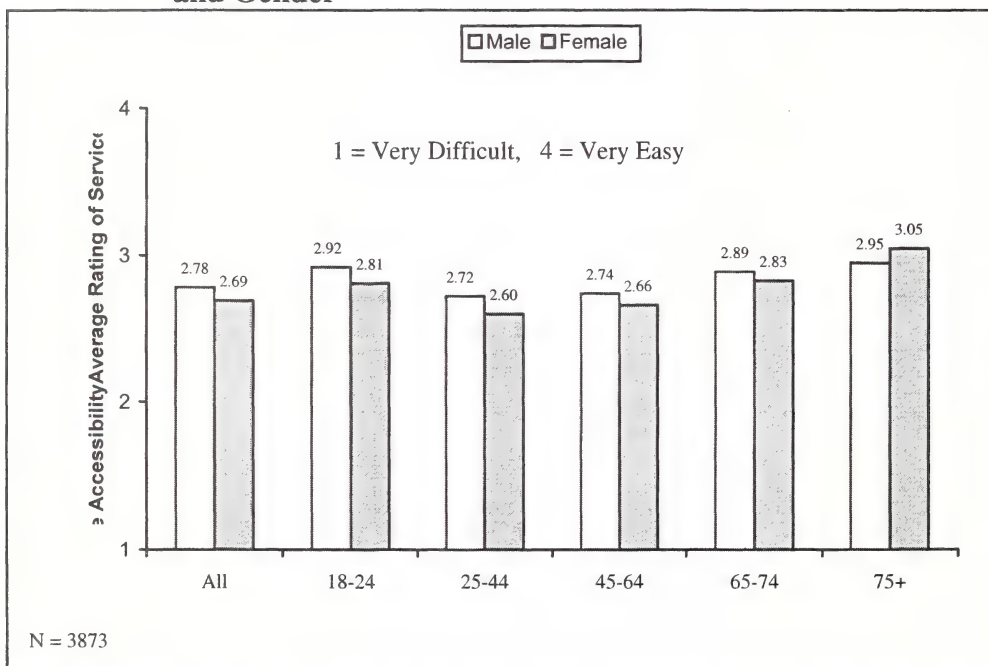
Figure 27: Accessibility of Health Care Services, by Health Region

Figure 27 shows ratings of health care accessibility by health region and year of survey (2000, 1999). Ratings of accessibility were generally lower in the northern regions of the province than in the southern regions. Ratings of accessibility declined from 1999 to 2000 in 14 of the 17 health regions.

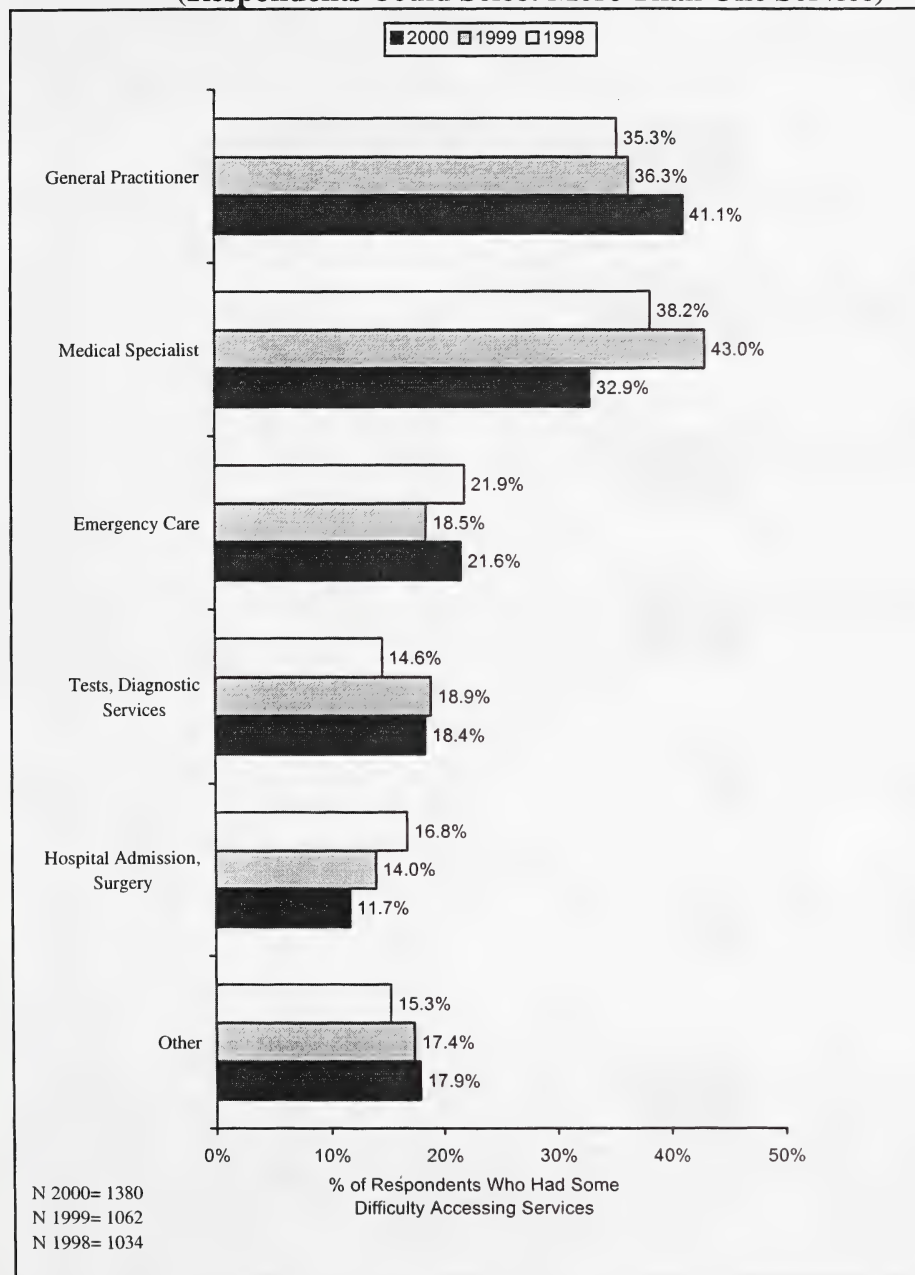
Figure 28 shows that ratings of accessibility were slightly lower for females and were slightly higher for the youngest and oldest adult age groups.

Figure 28: Average Rating of Ease or Difficulty of Getting “Health care Services You Need When You Need Them,” by Age and Gender



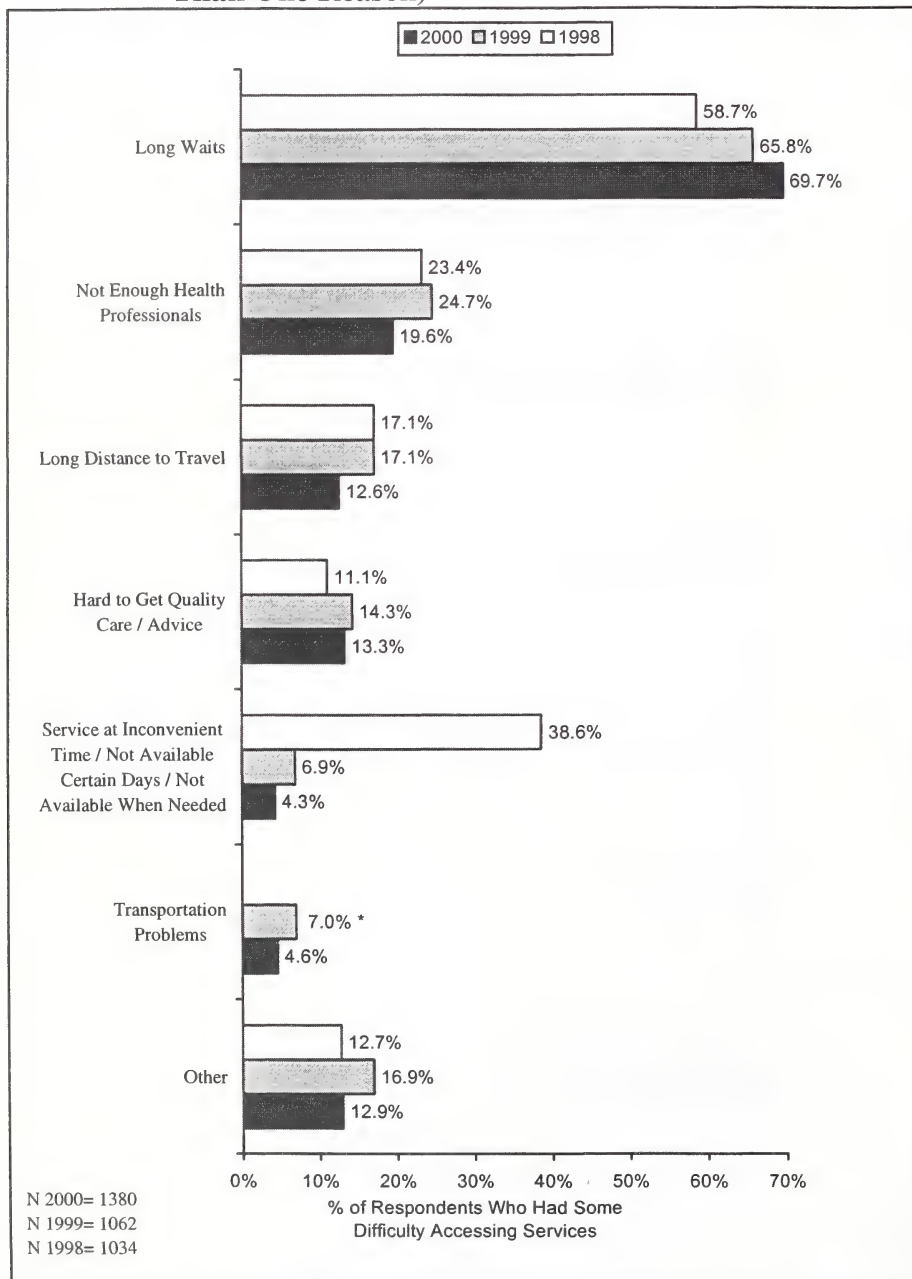
Over six per cent (6.6%) of respondents said that it was "very difficult" for them to get the health care services they needed when they needed them and another 29.0% said that it was "a bit difficult." For those respondents who reported a degree of difficulty accessing services, Figure 29 shows that the services respondents most frequently reported having difficulty obtaining were general practitioners, medical specialists, emergency care, tests and diagnostic services, and hospital admission or surgery. Figure 30 shows that the most frequently mentioned reason given for rating access to services difficult was long waits (70%). Other reasons given were: not enough health professionals, long distances to travel for service, difficulty getting quality care or advice from service providers, transportation problems, and service not available at certain times or at a convenient time.

**Figure 29: Services Difficult to Obtain, for Respondents Who Reported Some Difficulty Accessing Needed Services
(Respondents Could Select More Than One Service)**



Note: The "Other" category includes respondents who had some difficulty accessing at least one other needed service. Less than 5% of respondents mentioned any one of the services included in the "Other" category.

Figure 30: Reasons Given for Difficulty Accessing Health Care Services When Needed (Respondents Could Give More Than One Reason)



Note: The "Other" category includes respondents who gave at least one other reason for access difficulty. Less than 5% of respondents mentioned any one of the reasons included in the "Other" category.

* Not coded in 1998.

Ease of access is significantly related to self-reported health status (see Table 3). That is, respondents in better health were more likely to say that it was easy to get the health care services that they needed when they needed them while persons in worse health were more likely to say that it was difficult to get the health care services they needed when they needed them. Similarly, Table 4 shows that the higher a respondent's level of need for health services in the past year, the more likely they were to say that it was difficult to get the health care services they needed when they needed them.

Table 3 Ease of Access to Health Care Services, by Self-Reported Health Status

Ease of Access to Health Care Services	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999
Very Easy	20.4	24.5	15.9	18.5	11.5	14.6	14.5	14.1	11.0	6.8
Easy	50.8	50.3	50.9	56.4	49.9	57.3	40.1	51.7	24.7	43.6
A Bit Difficult	24.9	21.4	27.8	22.4	31.7	24.9	33.4	27.2	40.3	31.4
Very Difficult	3.9	3.7	5.4	2.6	6.8	3.3	11.9	7.0	24.0	18.2
Total	100	100	100	100	100	100	100	100	100	100
(n)	(863)	(918)	(1582)	(1543)	(980)	(953)	(318)	(317)	(130)	(132)

χ^2 1999 = 140, df = 12, $p < .000$; χ^2 2000 = 150, df = 12, $p < .000$

Table 4 Ease of Access to Health Care Services, by Own Level of Need for Health Services in Past Year

Ease of Access to Health Care Services	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	2000	1999	2000	1999	2000	1999
Very Easy	15.9	19.2	14.5	17.2	16.2	14.3
Easy	53.0	55.7	45.2	55.1	31.6	42.8
A Bit Difficult	26.1	22.1	33.4	24.0	34.5	31.6
Very Difficult	5.0	3.0	6.9	3.6	17.8	11.3
Total	100	100	100	100	100	100
(n)	(2379)	(2371)	(1158)	(1131)	(327)	(357)

χ^2 1999 = 80, df = 6, $p < .000$; χ^2 2000 = 122, df = 6, $p < .000$

7.3 Waiting for Health Care Services

Almost one in five respondents (19%) said that they or a household member were waiting for a health care service in 2000 (compared to 18% in 1999). Of those persons who were waiting, 56% were waiting for medical consultation, diagnosis, tests or to see a specialist. Twenty-six per cent (26%) were waiting for surgery and 12% were waiting to see a doctor or for medical treatment. Others were waiting for rehabilitation treatment (2%), dental treatment (1%), home care services (1%) or long-term care placement (1%).

7.4 Inability to Obtain Needed Health Care Services

A total of 390 respondents (9.8%) said that they were unable to obtain health care services when needed (see Table 5). Most obtained service later or elsewhere. Some got better on their own. A total of 74 respondents (19% of those unable to obtain service and 1.8% of all respondents) said that they never received the needed service.

Table 5 Unable to Obtain Health Care Services When Needed

	1998	1999	2000
Unable to obtain health care service when needed	8.0	8.8	9.8
• Never received the service	1.6	1.7	1.8
• Obtained the service later	4.0	3.1	3.7
• Obtained the service elsewhere	1.4	2.8	2.9
• Obtained a different service	0.4	0.3	0.4
• Health improved without service	0.5	0.9	0.9

Being unable to obtain the services of medical doctors (either general practitioners or specialists) was the most frequently reported problem (although by only 4.0% and 2.7% of respondents respectively; see Figure 31). The next most common problems were being unable to obtain medical test services and emergency care when needed (each reported by 1.2% of respondents).

The 9.8% of respondents who were unable to obtain health care services when needed in the past 12 months were asked to give one reason to explain why they could not get the service (see Figure 32). Of these respondents, 38% said that the reason was that they had to wait too long, another 30% said that they could not get an appointment with a health professional, 8% indicated that the service was not available nearby or was not conveniently located, and 5% cited lack of staff.

Figure 31: Percentage of Respondents Unable to Obtain Specific Health Care Services When Needed

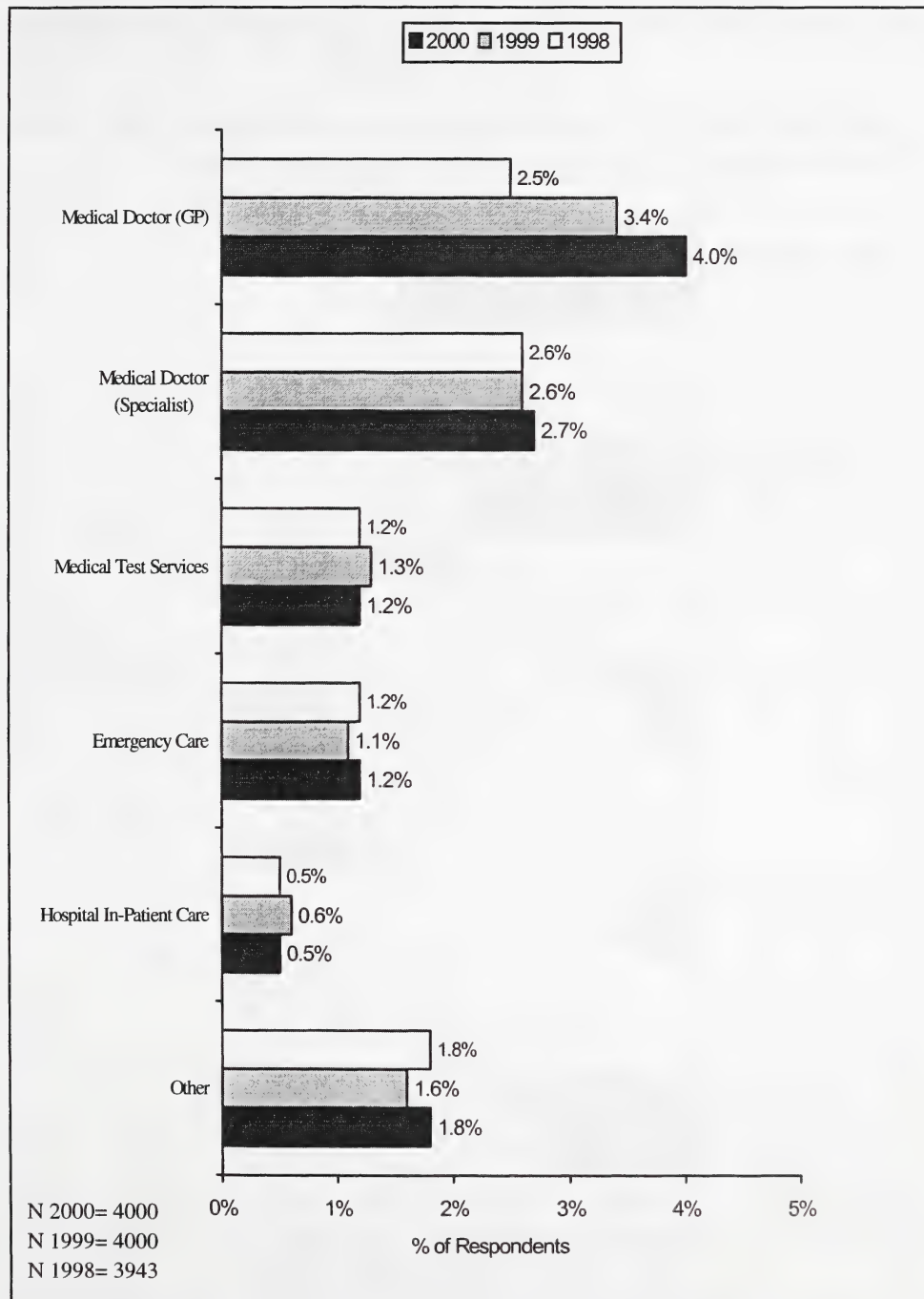
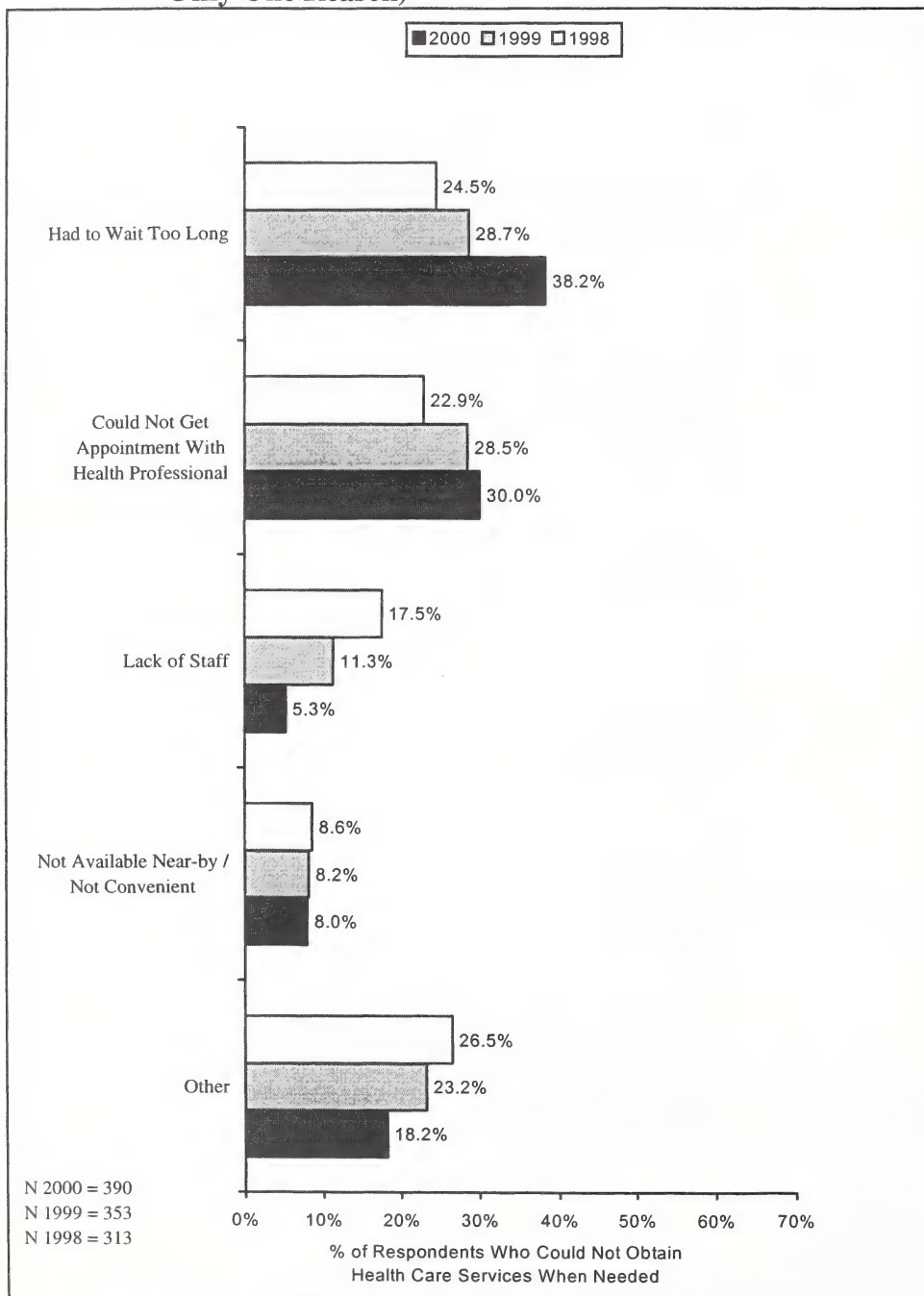
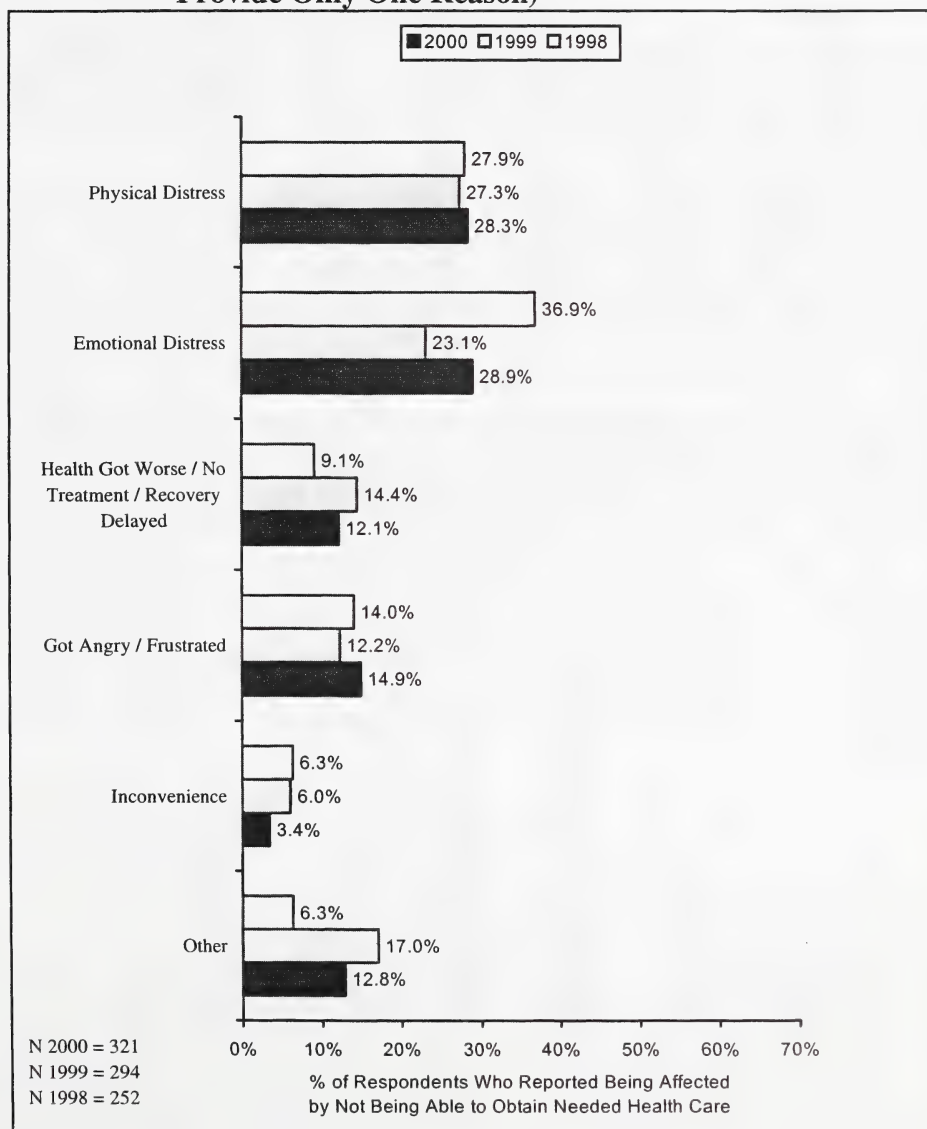


Figure 32: Reasons Why Respondents Could Not Obtain Health Care Services When Needed (Respondents Could Provide Only One Reason)



When asked if not being able to obtain a health service when needed had any effect on themselves, 83% said “yes.” Figure 33 shows that the effects on those unable to get care when needed included physical distress such as pain and discomfort (reported by 28%), emotional distress such as anxiety, worry, fear, and depression (29%), worsening health or delayed recovery (12%), and anger and frustration (15%).

Figure 33: Effects Reported by Respondents Who Could Not Obtain Health Care Services When Needed (Respondents Could Provide Only One Reason)



8 The Family's Contribution to Health Care

Respondents were asked about health care support that they had provided recently to a family member (see questions 23a to 23f in Appendix B). Thirty-six per cent (36%) said that they had provided health care support to a family member in the past six months. Support provided included emotional support (51% of those persons who provided care), home/personal care (47%), transportation (26%), help with household chores (16%), child care (10%), financial assistance (9%), and palliative care (2%).

Thirty-one per cent (31%) of males and 41% of females provided health care support to a family member in the past six months (see Figure 34). Indeed, women at all ages under 75 years of age were more likely to provide health care support to family members than were their male counterparts. Males and females 25-64 years of age were most likely to have provided health care support.

Of those persons who provided support, 42% said that it was not an inconvenience, 43% said that it was a minor inconvenience or disruption, while 15% (5.1% of the total sample) indicated that providing health care support to a family member was a major disruption of their normal activities. Women were more likely than men to report that providing health care support to a family member was a major disruption (see Figure 35). Disruption was most likely to be reported by women 25 to 64 years of age.

Respondents were asked if in the past six months they had paid to obtain health care support in the home for self or for a family member (spouse/partner, parent, grandparent, sibling, child, or grandchild). A total of 7% answered yes to this question. Twenty-eight per cent (28%) of those persons who paid to obtain health care support in the home had some or all of the cost paid through private insurance. The types of health care support most frequently purchased included home care nurse (26% of those paying for health care support in the home), prescriptions and medical supplies (27% and 15% respectively), housekeeping services (12%), health care professionals such as physiotherapists (7%), alternative therapy such as chiropractic, homeopathy, massage, or acupuncture (10%), child care (2%), and counselling (1%). Another 17% said that they had provided financial support.

Figure 34: Percentage of Respondents Who Provided Health Care Support To a Family Member in the Past 6 Months, by Age and Gender

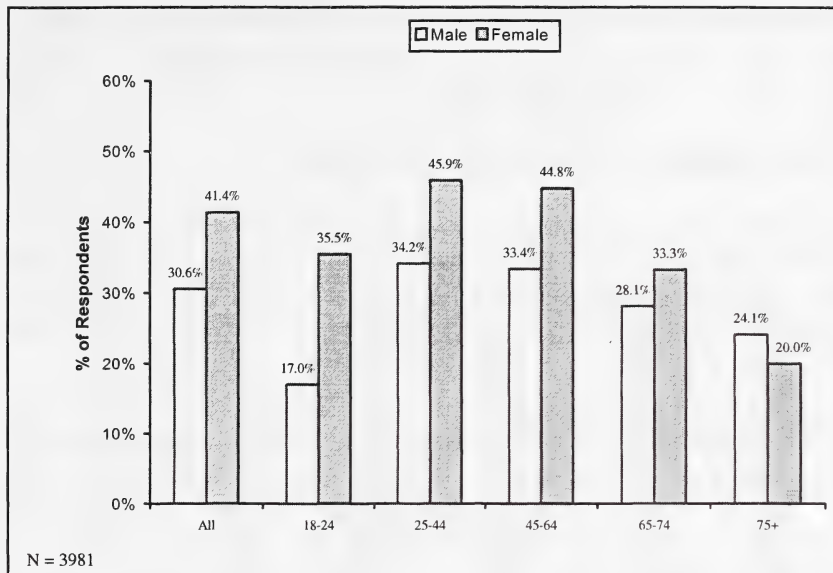
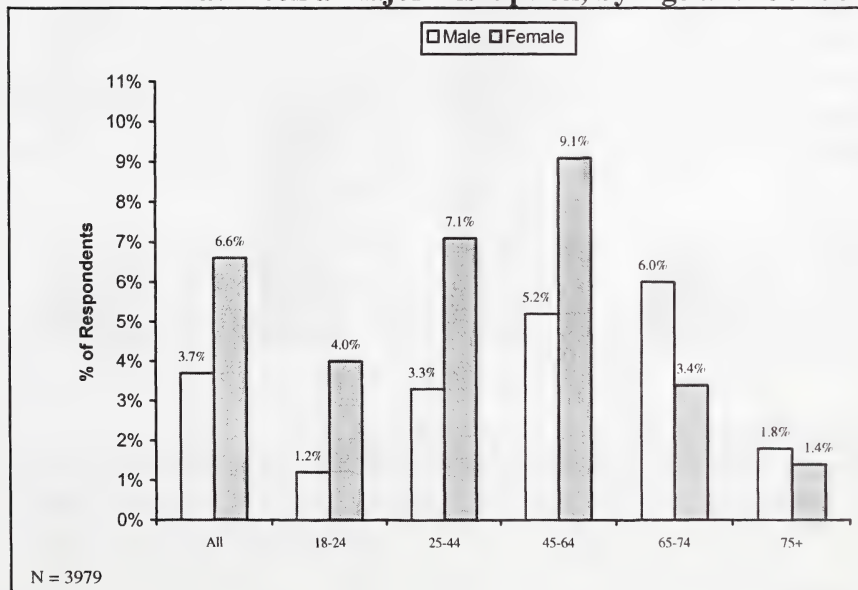


Figure 35: Percentage of Respondents Reporting They Had Provided Health Care Support for a Family Member and That This Had Been a Major Disruption, by Age and Gender



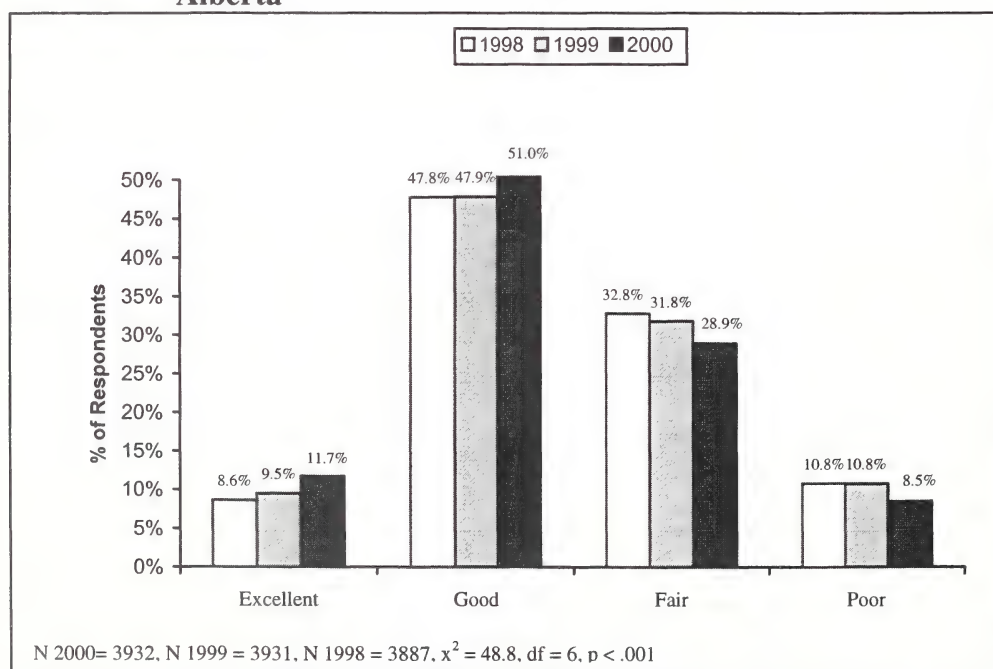
9 Satisfaction With the Health Care System

Respondents provided an overall rating of the health care system in Alberta and also indicated how satisfied they were with the health system (see questions 25 and 26 in Appendix B).

9.1 Overall Rating of the Health Care System

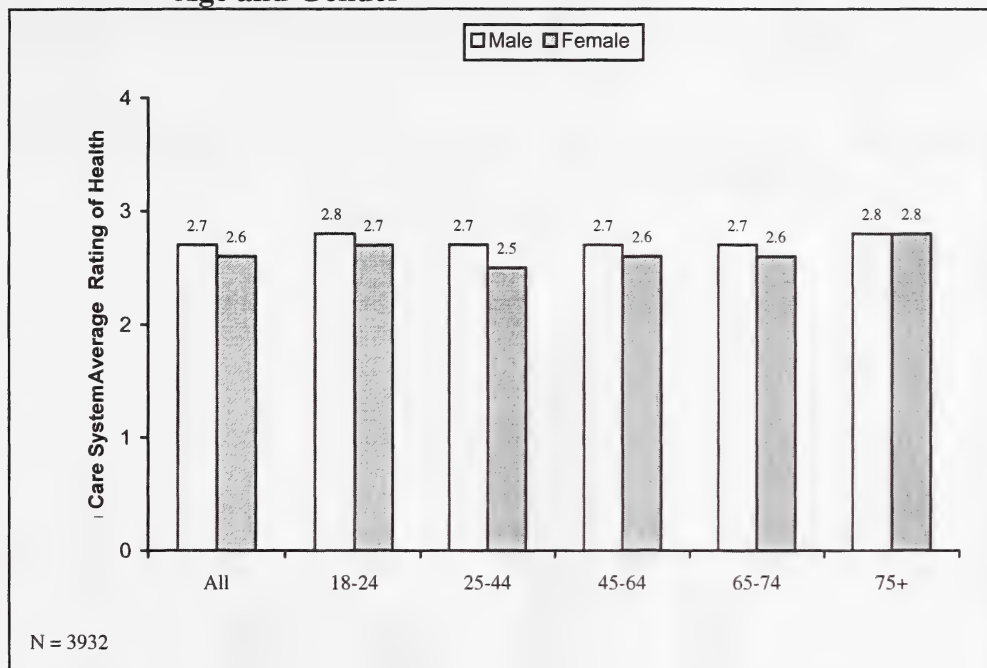
Overall, 62.7% of Albertans rated the health care system in Alberta as either good or excellent in 2000 (compared to 57.4% in 1999; see Figure 36). Ratings of the health care system became increasingly favourable from 1998 to 2000. In 2000, 11.7% rated the health care system in Alberta as excellent, 51.0% rated it as good, 28.9% chose fair, and 8.5% said it was poor.

Figure 36: Respondents' Overall Rating of the Health Care System in Alberta



Males tended to rate the health care system in Alberta a little higher than did females (see Figure 37).

Figure 37: Average Rating of the Health Care System in Alberta, by Age and Gender



Nine per cent (9%) of respondents rated the health care system in Alberta as "poor" while another 29% rated it as "fair." The respondents who rated the health care system as fair or poor were asked to provide up three reasons for their rating. Most of the reasons given can be grouped into three categories (data not shown).

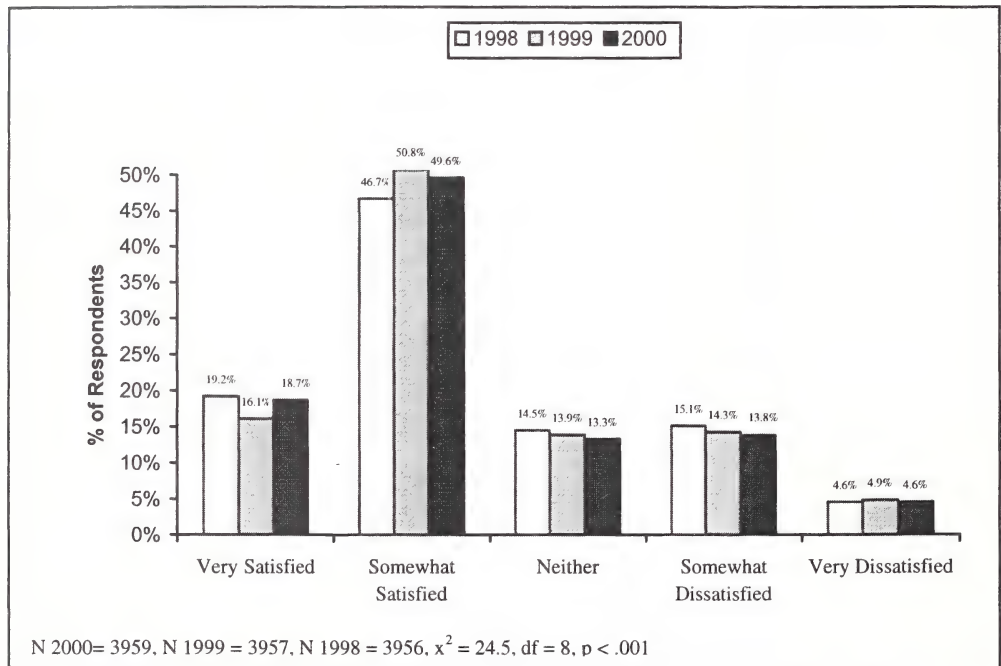
The most common category of responses focused on accessibility and availability of services. Indeed, the most frequent criticism was long waiting times given by 56% of those respondents who rated the health care system as fair or poor. Other reasons relating to accessibility and availability included harder to get services, fewer health services, more staff needed, hospital closures, and doctors leaving.

The second category of reasons given for a fair or poor rating of the health care system focused on dissatisfaction with quality (low quality, not satisfied with service received, system getting worse). The third category of reasons addressed funding issues (cuts, focus on costs and not health, user fees).

9.2 Satisfaction With the Health Care System

Overall, 68.3% of Albertans said that they were either very satisfied or somewhat satisfied with the health care system in Alberta in 2000 (compared to 66.9% in 1999; see Figure 38). In 2000, 18.7% of respondents were very satisfied, 49.6% said they were somewhat satisfied, 13.3% chose neither satisfied nor dissatisfied, 13.8% were somewhat dissatisfied, while 4.6% said they were very dissatisfied.

Figure 38: Overall, How Satisfied Are You With the Health System in Alberta?



Satisfaction with the health system in Alberta was somewhat higher among males in comparison to females and tended to be higher for the youngest and oldest adults in comparison to the middle age groups (see Figure 39).

Figure 39: Average Level of Satisfaction With the Health System in Alberta, by Age and Gender



Appendix A

Methods

A.1 Sampling

The delivery of public health care in Alberta is the responsibility of seventeen health regions. These regions vary greatly in size and demographics. In order to provide accurate information for the seventeen regions, it was important that each region obtain sufficiently detailed data.

In accordance with the methodology used from 1996 to 1999 the four health regions with the smallest populations were each assigned a minimum of 100 interviews and the remaining sample of 3600 was divided between the remaining 13 regions. The formula used to divide the sample allocated survey quotas proportionate to the square root of the population 18 years of age and older in each of the regions, using 1999 Alberta Health Registration Population data provided by Alberta Health.

In order to conduct valid analysis of the all-Alberta data, the responses from the various health regions were weighted appropriately. For example, although 100 interviews were conducted in the Northwestern Health region, the adult population of that region represents only approximately 21/4000 of the total adult population of Alberta (meaning that in a proportionate sample, only 21 interviews would have been assigned to this region). The responses from the 100 surveys conducted in that region were merged into the full Alberta data with a weight of 0.21. The calculation resulted in the following breakdown of actual surveys and weighted samples between regions:

Region	Sample size	Weighted sample	Region	Sample size	Weighted sample
1 - Chinook	263	198.70	10 - Capital	632	1146.39
2 - Palliser	208	124.18	11 - Aspen	194	108.44
3 - Headwaters	188	101.49	12 - Lakeland	221	140.66
4 - Calgary	670	1287.54	13 - Mistahia	204	119.41
5 - Health Authority 5	158	72.06	14 - Peace	100	26.02
6 - David Thompson	298	254.26	15 - Keeweenok	100	31.15
7 - East Central	222	141.65	16 - Northern Lights	100	52.70
8 - WestView	206	120.93	17 - Northwestern	100	21.18
9 - Crossroads	136	53.26			
			TOTAL	4000	4000.00

The weights attached to the data from each region for all-Alberta analysis purposes are as follows:

Region	Weighting multiplier	Region	Weighting multiplier
1 - Chinook	0.7555143566	10 - Capital	1.8139031961
2 - Palliser	0.5970246920	11 - Aspen	0.5589473615
3 - Headwaters	0.5398621803	12 - Lakeland	0.6364809955
4 - Calgary	1.9216963456	13 - Mistahia	0.5853408601
5 - Health Authority 5	0.4560495958	14 - Peace	0.2601502727
6 - David Thompson	0.8532340353	15 - Keeweenaw Lakes	0.3114519812
7 - East Central	0.6380473017	16 - Northern Lights	0.5269863888
8 - WestView	0.5870374971	17 - Northwestern	0.2118179751
9 - Crossroads	0.3915958642		

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons in specific age and gender categories for each of the regions. This sampling method assures proportional representation for age and gender groups which might be underrepresented in a fully random sample. Typically, underrepresented groups would include young people, especially males, and the elderly. Young people are less likely to be home and available for an interview, while some elderly Albertans take extended vacations or are living in residential facilities and may not be accessible through random digit dialing. The full quota table is reproduced below:

Quota Table By Health Region, Age and Gender																			
		Health Region																	
Age	Gen der	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
18 -	M	20	15	13	43	10	22	15	15	10	42	14	16	17	8	9	8	10	287
24	F	19	14	13	42	10	20	14	14	9	42	12	15	16	7	8	9	11	275
25 -	M	51	44	42	161	32	64	43	46	28	140	41	44	49	22	25	27	27	886
44	F	51	43	42	160	32	65	43	46	28	140	41	47	46	22	25	26	25	882
45 -	M	37	28	27	93	23	42	32	33	20	90	30	32	28	14	13	15	11	568
64	F	37	28	26	92	23	41	31	30	20	91	27	31	26	13	11	12	10	549
65 -	M	12	9	7	22	8	12	11	7	6	24	9	10	7	4	3	1	2	154
74	F	13	10	7	25	8	12	11	7	6	27	8	10	6	4	2	1	2	159
75 -	M	9	7	4	12	5	8	9	3	4	13	5	7	4	3	2	0	1	96
plus	F	14	10	7	20	7	12	13	5	5	23	7	9	5	3	2	1	1	144

A random digit dialing approach was used in each health region to contact respondents. This method ensures that a random sample of Albertans is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xyyy) are in operation. A simple program is then used to randomize the last two digits (yy) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations. In order to assure accurate allocation of respondent to health region, each respondent was asked to indicate their residential postal code, which was matched against a list of postal codes by health region.

As with any telephone-administered survey, certain categories of resident are excluded. These would include all those living in a household without a telephone, many of those living in long-term care facilities, and persons residing in correctional facilities. Estimates suggest that approximately 97% of Canadians can be reached by a telephone survey.

A.2 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and gender bias, other potential biases can only be addressed by assuring the highest possible response rate. For example, unemployed, sick, and disabled persons may be more likely to be at home and therefore will tend to be overrepresented in a random survey with a low response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed at least fifteen times at different times of the day before they were coded as "no response". This increased the likelihood of securing an interview with busy individuals. Second, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Two methods are used to calculate response rates. The first calculation uses the following formula:

$$\text{Response rate} = \frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus \# refused plus \# incompletes plus \# language barrier}}$$

Using this formula, the response rate for 2000 is 79.8% compared to 79.1% in 1999, 83.5% in 1998, 78.3% in 1997, and 76.4% in 1996.

A number of categories of uncompleted call dispositions, which are disregarded in the above formula, are incorporated in the following formula. This calculation will show a lower response rate than the above calculation. The formula used by the PRL follows, using disposition codes from the disposition table following.

Response rate =
$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1-3,6-10,13,14,20}}$$

CATI		Frequencies				
Disposition	Final Outcome of Call Attempt	1996	1997	1998	1999	2000
1	No answer *	748	932	548	711	687
2	Busy *	44	25	24	38	20
3	Answering machine *	248	225	288	442	433
4	Completed Interviews	4000	4000	4000	4000	4000
5	Line Trouble *	53	32	60	162	53
6/14	Respondent not home / household residents away	88	148	65	94	155
7	Callback - Time specified *	155	136	139	111	72
8/13/20	Initial refusals/Final Refusals/Refusal Callbacks	1125	961	695	939	898
9	Incomplete interviews	29	31	35	38	37
10	Language problems	81	117	60	77	77
11	Not in service	4431	5159	4225	4241	5537
12	Business / Fax	2956	3681	3321	3771	3597
16	Second residence, New resident	34	24	64	52	69
19	Quota filled	2353	3544	2382	2353	2361
	TOTAL TELEPHONE NUMBERS ALLOCATED	16457	19015	15906	17029	17996
	* Minimum 15 callbacks made to household					

Using this method, the response rate for the 2000 survey is 62.7% compared to 62.0% for 1999, for 1998, 60.8% for 1997, and 61.4% for 1996.

Appendix B

Questionnaire

The 2000 Public Survey about Health
and the Health System in Alberta

CATI Telephone Questionnaire

1	Telephone Number	
2	CATI Record Number	
3	Interviewer's Name	
4	Date	
5	Start Time	
6	Finish Time	

Population Research Laboratory
University of Alberta

March 30, 2000

TELEPHONE INTRODUCTION SHEET 2000

1. Hello, my name is _____ and I'm calling (*long distance*) from the Population Research Lab at the University of Alberta.
2. I have dialled XXX-XXXX. Is this correct?
3. Your telephone number was selected at random by computer.
4. The Lab is conducting a public opinion study to help Alberta Health and Wellness better understand the views of Albertans on health and the health care system in this province.
5. To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

- a. How many women aged 18 or over live at this number?

NUMBER OF WOMEN? _____

98 Refused

And how many men aged 18 or over live at this number?

NUMBER OF MEN? _____

98 Refused

RECORD GENDER OF POTENTIAL RESPONDENT

Male 1

Female..... 2

- b. In which age category do you belong? (READ CATEGORIES)

18 - 24 years.....1

25 - 44 years.....2

45 - 64 years.....3

65 - 74 years.....4

75 years or older.....5

0 Refused Thank you very much for your time. INTERVIEW WILL TERMINATE IF "1" IS PRESSED.

IF AGE/GENDER QUOTAS ARE FILLED, LOOK AT QUOTA SHEET TO ASK FOR SOMEONE ELSE WHO MAY BE QUALIFIED AND BACK UP (ESC) KEY TO REQUALIFY. TERMINATE INTERVIEW IF AGE REFUSED OR AGE/GENDER QUOTAS ARE FILLED; OTHERWISE CONTINUE.

6. I would like to interview you and I'm hoping that now is a good time for you. Your opinions are very important for the research that is being done for health care decision-makers in Alberta. The interview should take 10-12 minutes, depending on the questions that apply to you.

May we proceed with the interview now? (IF NO, SCHEDULE CALLBACK OR TERMINATE CALL AND CODE APPROPRIATELY)

7. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be used only for the indicated purposes in conformity with the Alberta Freedom of Information and Protection of Privacy Act. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You of course have the right to terminate the interview at any time.
8. Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call (collect) to Cathy Drixler, the project coordinator at the Population Research Lab (780-492-4659 ext. 226) for further information. You may also check the legitimacy of this study with the Registration Branch of Alberta Health and Wellness at 427-1432 (if long distance, dial toll free 310-0000 and then dial the phone number).

I WOULD LIKE TO BEGIN WITH SOME QUESTIONS ON YOUR HEALTH.

1. In general, compared with other people your age, would you say your health is....(READ)

Excellent	1
Very Good.....	2
Good.....	3
Fair	4
Poor	5
Don't Know (VOLUNTEERED).....	6
No Response	0

- 2a. Now, thinking of your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

_____ Number of days physical health NOT good

97 Don't know
99 No response

- 2b. Now, thinking of your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

_____ Number of days mental health NOT good

97 Don't know
99 No response

- 2c. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days physical or mental health kept you from usual activities

97 Don't know
99 No response

3. In general, how would you describe your current habits and lifestyle? Would you say they are...(READ)

Very healthy 1
Healthy 2
Somewhat unhealthy 3
Very unhealthy 4
Don't Know (VOLUNTEERED)..... 5
No Response 0

- 4a. In the past 12 months, have you made any changes in your habits or lifestyle to improve your health?

Yes 1 (ASK 4b)
No..... 2 (GO TO 5)

No Response 0 (GO TO 5)

- 4b. What changes have you made? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Increased exercise/physical activity
 Changed diet/improved diet
 Quit/reduced smoking
 Used vitamin or herbal remedy
 Managed/reduced stress
 Reduced/quit alcohol consumption
 Lost weight
 Changed sexual behaviour/reduced risk of STD
 Reduced drug/medication use
 Managed/reduced blood pressure
 Managed/reduced cholesterol
 Changed physical environment/moved
 Received medical treatment
 Improved dental hygiene
 Reduced risk of injury
 Other (PLEASE SPECIFY) _____
 No Response

5. How would you describe your own level of need for health services during the past year? Would you say it was....(READ)

Low 1
 Moderate 2
 High..... 3

 Don't Know (VOLUNTEERED) 4
 No Response 0

- 6a. Do you have a chronic health problem which requires regular health services?

Yes1 (ASK 6b)
 No.....2 (GO TO 7)

 No Response0 (GO TO 7)

- 6b. Could you please describe your chronic health problem(s) or condition(s)? (DO NOT READ. SELECT ALL THAT APPLY)

Neurological diseases (e.g., CNS degeneration, fibromyalgia, Parkinson's)
 Mental health
 Heart and circulatory diseases (e.g., hypertension, high blood pressure)
 Asthma and other chronic respiratory diseases (e.g., emphysema, chronic bronchitis)
 Diabetes, thyroid, other endocrine diseases
 Cancer (all types)
 Gastro-intestinal diseases (affecting liver, pancreas, stomach, intestines, gall bladder)
 Genito-urinary (kidneys, bladder, urinary tract)
 Reproductive (e.g., impotence, fertility)
 Allergies (e.g., hay fever)
 Muscular or skeletal diseases/conditions (including skin diseases, arthritis)
 Chronic pain
 Other (specify) _____
 No response

7. Now, including yourself, think about the person living in your household with the greatest need for health services during the past year. How would you describe this person's level of need? Would you say it was...(READ)

Low 1
 Moderate 2
 High..... 3

 Don't Know (VOLUNTEERED) 4
 No Response 0

NOW I WOULD LIKE TO ASK YOU SOME GENERAL QUESTIONS ABOUT THE HEALTH SERVICES THAT ARE AVAILABLE TO YOU. HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY HEALTH SERVICES, AND REGIONAL HEALTH AUTHORITIES

8. In general, how would you rate your knowledge of the health services that are available to you? Would you say...

Excellent 1
Good..... 2
Fair 3
Poor..... 4
Don't Know (VOLUNTEERED)..... 5
No Response 0

9. Do you think you need more information about the health services that are available to you?

Yes1
No.....2
Don't Know (VOLUNTEERED).....3
No Response0

10. Do you know where to go if you need emergency medical services? (PROBE: in your own area)

Yes1
No.....2

No Response0

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SYSTEM IN GENERAL.
THE HEALTH SYSTEM INCLUDES HOSPITALS, PHYSICIANS' CLINICS, LONG
TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND
COMMUNITY HEALTH SERVICES, REGIONAL HEALTH AUTHORITIES, AND
THE PROVINCIAL DEPARTMENT OF HEALTH.

11. Overall, how would you rate the AVAILABILITY of health care services in your community? Would you say it is...(READ)

Excellent 1
Good..... 2
Fair 3
Poor..... 4

Don't Know (VOLUNTEERED) 5
No Response 0

12. Overall, how would you rate the QUALITY of health care services that are available in your community? Would you say...(READ)

Excellent 1

Good..... 2

Fair 3

Poor..... 4

Don't Know (VOLUNTEERED) 5

No Response 0

- 13a. How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is...(READ)

Very easy 1 (GO TO 14a)

Easy..... 2 (GO TO 14a)

A bit difficult..... 3 (ASK 13b)

Very difficult..... 4 (ASK 13b)

No Response 0 (GO TO 14a)

(INTERVIEWER NOTE: respondent must be involved with getting services for family member if not answering this question about self, e.g., getting service for child or for invalid spouse)

- 13b. Which services do you have difficulty obtaining? (DO NOT READ LIST. SELECT ALL THAT APPLY)

General practitioner

Medical specialist

Tests, diagnostic services (e.g., xrays, MRIs)

Mental health services

Hospital admission, surgery

Long term care facility

Home care support

Aids to Daily Living (AADL) supplies & supports

Emergency care

Rehabilitation therapy

General, all kinds (ask for specifics)

Other (PLEASE SPECIFY)_____

No Response

- 13c. What makes it difficult for you? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Transportation problems
 User fees for service
 Long distance to travel for service
 Getting time off work
 Service provided at inconvenient time; unavailable certain days
 Cost of drugs, supplies, etc. is too high
 Long waiting period for appointments
 Hard to get quality care/advice from service providers
 Not enough health professionals
 Difficulty understanding what I am told by service providers
 I don't know how to get what I need
 Other (PLEASE SPECIFY) _____
 No Response

- 14a. Over the past 12 months, were you ever unable to obtain health care services when you needed them?

Yes1 (ASK 14b)
 No.....2 (GO TO 15)

 No Response0 (GO TO 15)

(INTERVIEWER NOTE: respondent must be involved with getting services for family member if not answering this question about self, e.g., getting service for child or for invalid spouse)

- 14b. What type of service or services were you unable to obtain? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Medical doctor (gp)
 Medical doctor (specialist)
 Emergency care
 Ambulance service
 Hospital in-patient care
 Hospital out-patient care
 Long-term care in a facility
 Medical test services
 Home care services
 Therapy (not mental health)
 Immunization for self/child
 Mental health services or counselling
 Other (PLEASE SPECIFY) _____
 No Response

- 14c. Why could you not get this needed service? (DO NOT READ LIST. RECORD ONE ANSWER ONLY. HAVE RESPONDENT CHOOSE MOST RELEVANT IF MORE THAN ONE)

Could not afford the cost.....	1
Could not get an appointment with health professional.....	2
No emergency available/emergency closed.....	3
Had to wait too long and/or gave up.....	4
I was not given the treatment I asked for.....	5
Not available nearby/not convenient to get to.....	6
Service not covered by health system.....	7
No hospital bed available.....	8
Lack of medical staff/too busy.....	9
Medical staff incompetent/wrong diagnosis.....	10
Cutbacks (general).....	11
No health card.....	12
Other (PLEASE SPECIFY).....	13
Don't Know/No Response.....	0

- 14d. Did this have any effect on you?

Yes.....	1 (ASK 14e)
No.....	2 (GO TO 14f)
No Response.....	0 (GO TO 14f)

- 14e. What effect did this have on you? (DO NOT READ LIST. RECORD ONE ANSWER ONLY)

Physical pain/suffering/discomfort.....	1
Emotional stress/anxiety/worry/depression/fear.....	2
Got angry/upset/frustrated.....	3
Health got worse/illness untreated/recovery delayed.....	4
Travelled/looked elsewhere for service.....	5
Turned to family/others for support.....	6
Treated self/refused to go back to hospital.....	7
Inconvenience/disruptive/difficulty managing.....	8
Affected employment (e.g. unable to work; missed work)....	9
Financial impact (e.g. had to pay; can't afford; lost wages) ..	10
Loss of function (e.g., difficulty doing daily activities) ..	11
Other (PLEASE SPECIFY).....	12
No response.....	0

14f. What happened next? Did you... (READ)

- Get the service you needed somewhere else 1
- Get a different service 2
- Get better on your own 3
- Get the service you needed at a later time 4
- Never receive the needed service..... 5
- Other (PLEASE SPECIFY)..... 6
- No Response 0

THE NEXT QUESTIONS ARE ABOUT THE HEALTH CARE SERVICES YOU PERSONALLY HAVE RECEIVED IN ALBERTA. HEALTH SERVICES INCLUDE SERVICES AVAILABLE FROM HOSPITALS, DOCTOR'S CLINICS, LONG TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND COMMUNITY HEALTH SERVICES, AND REGIONAL HEALTH AUTHORITIES.

15a. Have you PERSONALLY received any health care services IN ALBERTA in the past 12 months?

- Yes 1 (ASK 15b)
- No..... 2 (GO TO 18a)
- No Response 0 (GO TO 18a)

15b. Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was...(READ)

- Excellent 1 (GO TO 15d)
- Good..... 2 (GO TO 15d)
- Fair 3 (ASK 15c)
- Poor..... 4 (ASK 15c)
- Don't Know (VOLUNTEERED)..... 5 (GO TO 15d)
- No Response 0 (GO TO 15d)

- 15c. Why do you say that the quality of health service you received was (*fair/poor*)?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

..Care too rushed, not thorough, not complete
 ..Lack of confidence in provider, lack of professional competence
 ..Poor communication, poor follow-up, poor coordination of care, multiple
 ..referrals
 ..Service poor, improper, bad result
 ..Shortage of staff, overworked/overloaded staff
 ..Access issues, hard to get needed care, care not available (e.g., distance)
 ..Did not get the treatment I wanted
 ..Had to wait too long
 ..Lack of courtesy and respect
 No time to ask questions/not allowed
 Did not get better
 Health got worse
 Got incorrect information/treatment
 Other (PLEASE SPECIFY) _____
 No Response

- 15d. How did the health care services you received in the past 12 months affect your health? Would you say the results were...(READ)

Excellent 1
 Good..... 2
 Fair 3
 Poor 4

 Don't Know (VOLUNTEERED) 5
 No Response 0

(OPTIONAL READ: Results might include understanding your own personal health or treatment if your health didn't change)

THE NEXT QUESTIONS ARE ABOUT CARE YOU HAVE PERSONALLY RECEIVED FROM A PHYSICIAN IN ALBERTA IN THE PAST 12 MONTHS, EITHER AT THE PHYSICIAN'S OFFICE OR CLINIC. (INTERVIEWER NOTE: IF PERSON MENTIONS GOING TO THE HOSPITAL TO SEE HIS/HER DOCTOR, PROBE TO FIND OUT IF HIS/HER DOCTOR HAS AN OFFICE OR CLINIC AT THE HOSPITAL.)

- 16a. In the past 12 months, have you personally received health services from a physician in Alberta, either a FAMILY DOCTOR or a MEDICAL SPECIALIST?

Yes1 (ASK 16b)

No.....2 (GO TO 17a)

No response.....3 (GO TO 17a)

- 16b. Think of the most recent time that you obtained a service from a physician. Was this service from a family doctor or a specialist?

Family doctor (general practitioner) ..1 (ASK 16c)

Specialist.....2 (ASK 16c)

Don't know (VOLUNTEERED)3 (GO TO 17a)

No response.....0 (GO TO 17a)

- 16c. How long did you have to wait from the time you made the appointment until you were able to see your doctor on this occasion? Would you say it was...(READ)
(INTERVIEWER NOTE: IT DOESN'T MATTER IF SOMEONE OTHER THAN THE RESPONDENT MADE THE APPOINTMENT, WE JUST WANT TO KNOW HOW LONG HE/SHE WAITED)

Same day (e.g., walk in clinic)..... 1

Less than 1 week..... 2

1 to less than 2 weeks..... 3

2 weeks to less than 1 month 4

1 to less than 3 months..... 5

3 to less than 6 months..... 6

6 months or longer 7

Don't know (VOLUNTEERED) 8

No Response 0

- 16d. How would you rate the QUALITY of care you received from this physician on this occasion? Would you say it was...(READ)

Excellent 1 (GO TO 16f)

Good..... 2 (GO TO 16f)

Fair 3 (ASK 16e)

Poor 4 (ASK 16e)

Don't Know (VOLUNTEERED) 5 (GO TO 16f)

No Response 0 (GO TO 16f)

- 16e. Why do you say that the quality of health services you received from the physician was (*fair/poor*)? (DO NOT READ LIST. SELECT ALL THAT APPLY.)

Care too rushed, not thorough, not complete
 Lack of confidence in provider, lack of professional competence
 Poor communication, poor follow-up, poor coordination of care, multiple referrals
 Waited too long to get the appointment
 The doctor was late for the appointment
 Lack of privacy
 Poor environment (e.g., messy, noisy)
 Did not get the desired treatment
 Got incorrect treatment
 Lack of courtesy, respect
 Lack of attention to my needs
 No time to ask questions; not involved in decisions
 Not given adequate instructions on self-care
 Other (PLEASE SPECIFY) _____
 No Response

- 16f. How did the health care services you received from your doctor on this occasion affect your health? Would you say the RESULTS were...(READ)

Excellent 1
 Good..... 2
 Fair 3
 Poor 4

 Don't Know (VOLUNTEERED) 5
 No Response 0

(OPTIONAL READ: Results might include understanding your own personal health or treatment if your health didn't change)

THE NEXT QUESTIONS ARE SPECIFICALLY ABOUT HEALTH SERVICES THAT YOU PERSONALLY RECEIVED AT A HOSPITAL IN ALBERTA IN THE PAST 12 MONTHS.

- 17a. In the past 12 months, have YOU PERSONALLY received health services at a HOSPITAL in Alberta, either as an overnight patient, a day patient, or through emergency?

Yes 1 (ASK 17b)
No..... 2 (GO TO 18a)

No Response 0 (GO TO 18a)

- 17b. What type of hospital service did you receive? Was it...(READ)

(INTERVIEWER NOTE: If more than one, ask for the most recent service received)

Overnight (Inpatient) 1
Day (Outpatient) 2
Emergency 3

Don't Know (VOLUNTEERED)..... 4 (GO TO 18a)
No response..... 0 (GO TO 18a)

- 17c. How would you rate the QUALITY of care you most recently received at the hospital? Would you say it was...(READ)

Excellent 1 (GO TO 17e)
Good..... 2 (GO TO 17e)
Fair 3 (ASK 17d)
Poor..... 4 (ASK 17d)

Don't Know (VOLUNTEERED) 5 (GO TO 17e)
No Response 0 (GO TO 17e)

17d. Why do you say that the quality of health services you received at the hospital was (fair/poor)? (DO NOT READ LIST. SELECT ALL THAT APPLY.)

- Care too rushed, not thorough, not complete
- Lack of confidence in provider, lack of professional competence
- Poor communication, poor follow-up, poor coordination of care, multiple referrals
- Waited too long to get into hospital (before admission)
- Waited too long at hospital before service provided
- Lack of privacy
- Too crowded
- Shortage of staff, overworked/overloaded staff
- Poor environment (e.g., messy, noisy)
- Did not get the desired treatment
- Got incorrect treatment
- Lack of courtesy, respect from doctors
- Lack of courtesy, respect from staff
- Lack of attention to my needs from doctors
- Lack of attention to my needs from staff
- No time to ask questions; not involved in decisions
- Sent home too soon
- Not given adequate instructions on self-care
- Other (PLEASE SPECIFY) _____
- No Response

17e. How did the health care services you received at the hospital affect your health? Would you say the RESULTS were...(READ)

- Excellent 1
- Good..... 2
- Fair 3
- Poor 4
- Don't Know (VOLUNTEERED) 5
- No Response 0

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SERVICES THAT OTHER MEMBERS OF YOUR HOUSEHOLD RECEIVED AT A HOSPITAL IN ALBERTA IN THE PAST 12 MONTHS.

- 18a. In the past 12 months, did another person living in your household, like a spouse, child, parent, or roommate receive health services at a HOSPITAL in Alberta. This could have been either as an overnight patient, a day patient, or through emergency?

Yes 1 (ASK 18b)
No..... 2 (GO TO 19a)

No Response 0 (GO TO 19a)

- 18b. Which household member most recently received health services at a hospital in Alberta in the past 12 months? (DO NOT READ)

Spouse (including common-law) 1
Child (including step, adopted, foster)..... 2
Parent (including in-laws)..... 3
Other 4

No response..... 0

- 18c. What type of hospital service did he/she receive? Was it(READ)

Overnight (Inpatient) 1
Day (Outpatient) 2
Emergency 3

Don't Know (VOLUNTEERED)..... 4 (GO TO 19a)
No response..... 0 (GO TO 19a)

- 18d. How would you rate the quality of care he/she received at the hospital? Would you say it was...(READ)

Excellent 1 (GO TO 18f)
Good..... 2 (GO TO 18f)
Fair 3 (ASK 18e)
Poor 4 (ASK 18e)

Don't Know (VOLUNTEERED) 5 (GO TO 18f)
No Response 0 (GO TO 18f)

- 18e. Why do you say that the quality of health service your household member received was (*fair/poor*)? (DO NOT READ LIST. SELECT ALL THAT APPLY.)

Care too rushed, not thorough, not complete
 Lack of confidence in provider, lack of professional competence
 Poor communication, poor follow-up, poor coordination of care, multiple referrals
 Waited too long to get into hospital (before admission)
 Waited too long at hospital before service provided
 Lack of privacy
 Too crowded
 Shortage of staff, overworked/overloaded staff
 Poor environment (e.g., messy, noisy)
 Did not get the desired treatment
 Got incorrect treatment
 Lack of courtesy, respect from doctors
 Lack of courtesy, respect from staff
 Lack of attention to my needs from doctors
 Lack of attention to my needs from staff
 No time to ask questions; not involved in decisions
 Sent home too soon
 Not given adequate instructions on self-care
 Other (PLEASE SPECIFY) _____
 No Response

- 18f. How did the health care services your household member received at the hospital affect his/her health? Would you say the results were...(READ)

Excellent 1
 Good..... 2
 Fair 3
 Poor 4

 Don't Know (VOLUNTEERED) 5
 No Response 0

(OPTIONAL READ: Results might include understanding his/her own personal health or treatment if his/her health didn't change)

- 19a. Did you ever want to make a complaint about health services you or someone in your household received during the past year?

Yes 1 (ASK 19b)

No..... 2 (GO TO 20)

No Response 0 (GO TO 20)

- 19b. Have you made a complaint about any health service you or someone in your household received during the past year?

Yes 1 (ASK 19c)

No..... 2 (GO TO 19e)

No Response 0 (GO TO 20)

- 19c. To whom did you complain?
(DO NOT READ LIST. SELECT ALL THAT APPLY)

The person providing service (e.g., nurse in charge of care)

My doctor

The person in charge of the facility or unit

The regional health authority

Professional group (e.g. College of Physicians & Surgeons)

An appeals body (e.g. Health Services Review Committee)

Alberta Health and Wellness

The government (MLAs; Minister; Premier)

My family, friends, or neighbours

The media

Don't remember

No Response

If response is Yes to any of the first eight items, then ask 19d.

If response is "My family, friends, or neighbours", or "the media", ask 19e.

If response "Don't remember", or "No response", GO TO 20.

- 19d. How satisfied were you with the response to your complaint?
Were you....(READ)

Very satisfied1 (GO TO 20)

Satisfied.....2 (GO TO 20)

Dissatisfied.....3 (GO TO 20)

Very dissatisfied.....4 (GO TO 20)

No response.....0 (GO TO 20)

- 19e. Why did you not make a complaint to someone in the health system? (DO NOT
READ LIST. SELECT ALL THAT APPLY)

Didn't know how to go about it

Too much trouble

My complaint was not important enough

They wouldn't do anything about it anyway

Afraid that complaining would make things worse

There's no one to complain to

Other (PLEASE SPECIFY) _____

No response

THE NEXT QUESTIONS ARE ABOUT INFORMATION AND DECISION-MAKING
ABOUT HEALTH SERVICES. (OPTIONAL READ: HEALTH SERVICES INCLUDE
SERVICES AVAILABLE FROM HOSPITALS, PHYSICIANS' CLINICS, LONG
TERM CARE FACILITIES, PUBLIC HEALTH SERVICES, HOME AND
COMMUNITY HEALTH SERVICES, AND REGIONAL HEALTH AUTHORITIES.)
[ASKED ONLY OF THOSE PERSONS THAT SAID YES TO Q15a.]

20. When you receive health services, how much information do you usually get from
the health care provider about the health service offered to you. Would you
say...(READ)

A Lot 1

Some 2

Very Little 3

None 4

No Response 0

21. In general, how INVOLVED were you in making the decisions about the health care services you received? Would you say you were involved...(READ)

A Lot 1
Somewhat..... 2
A Little 3
Not at all..... 4

Don't Know (VOLUNTEERED)..... 5
No Response 0

22. In general, do you believe you have enough information to make informed decisions about the health care services you need? Would you say...(READ)

Always1
Often2
Sometimes.....3
Never.....4

Don't Know (VOLUNTEERED).....5
No Response0

THE NEXT QUESTIONS ARE ABOUT OTHER HEALTH ISSUES.

- 23a. In the past 6 months, have you PROVIDED any health care support to a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

Yes 1 (ASK 23b)
No..... 2 (GO TO 23d)

No Response 0 (GO TO 23d)

(OPTIONAL READ: Health care support includes any type of support or help to a person because of a health condition.)

- 23b. What kind of help did you provide? (DO NOT READ LIST. SELECT ALL THAT APPLY.)

Emotional/moral support/companionship/advice
Home care/personal care
Palliative care (care for the dying)
Household cleaning/cooking/grocery shopping/errands
Child care
Transportation
Financial support/paid for supplies or medicine
Other (PLEASE SPECIFY) _____
No response

- 23c. How would you describe the effects of providing this support? Would you say that it was...(READ)

Not an inconvenience..... 1
A minor inconvenience or disruption 2
A major disruption of my normal activities..... 3

No Response 0

- 23d. In the past 6 months, have you paid to obtain health care support IN THE HOME, either for yourself or for a family member? (*A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.*)

Yes1 (ASK 23e)
No.....2 (GO TO 24a)

No Response0 (GO TO 24a)

(OPTIONAL READ: includes any type of support to a person because of a health condition.)

- 23e. Was any of this cost paid through private insurance?

Yes1
No.....2

Don't Know3
No Response0

- 23f. What type of health care support was involved? (DO NOT READ LIST. SELECT ALL THAT APPLY.)

Home care nurse/attendant
 Housekeeper/cleaner/yard worker
 Child care/postnatal services
 Live-in companion
 Medical supplies
 Prescriptions/medications
 Health professionals (e.g. physiotherapists)
 Alternative therapies (e.g. acupuncture, chiropractor, homeopath, massage)
 Counselling
 Financial support/pay premiums
 Other (PLEASE SPECIFY) _____
 No Response

- 24a. At this time, are you or a person LIVING in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?

Yes1 (ASK 24b)
 No.....2 (GO TO 25a)
 No Response0 (GO TO 25a)

- 24b. What are you or the person in your household waiting for? (DO NOT READ. SELECT ONE RESPONSE)

Surgery/cataract removal1
 Consultation/diagnosis/tests/see specialist2
 Medical treatment/see doctor.....3
 Home care services4
 Long-term placement.....5
 Community rehabilitation services:
 physiotherapy, audiology, speech therapy6
 Dental treatment/dental surgery7
 Other (PLEASE SPECIFY)8
 No Response0

(INTERVIEWER NOTE: if person is waiting for more than one service, choose the "highest level". E.g., if waiting for medical treatment and surgery, choose surgery.)

THE NEXT QUESTIONS ARE AGAIN ABOUT ALBERTA'S HEALTH SYSTEM OVERALL. (OPTIONAL READ: The health system includes hospitals, physicians' clinics, long term care facilities, public health services, home and community health services, regional health authorities, and the provincial department of health.)

- 25a. Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is...(READ)

Excellent 1 (GO TO 26)
 Good..... 2 (GO TO 26)
 Fair..... 3 (ASK 25b)
 Poor 4 (ASK 25b)

Don't Know (VOLUNTEERED) 5 (GO TO 26)
 No Response 0 (GO TO 26)

- 25b. What is it about the health system that makes you rate it (*fair/poor*)? (DO NOT READ LIST. SELECT A MAXIMUM OF 3 RESPONSES)

Not satisfied with service received
 Cuts in funding
 Hospital closures, bed shortages
 Fewer health services
 Staff shortage (doctors, nurses, other health personnel, staff overworked)
 Doctors leaving
 Low quality of care (includes all interactions with staff)
 User fees
 It is getting worse
 Health system should be privatized (support Bill C-11)
 Health system should NOT be privatized (oppose Bill C-11)
 Abortion funding
 Focus on costs, not health
 Hard to get services (e.g., access problems like travel)
 Long wait time for service (e.g., long wait to see professional)
 Alberta Health Care Insurance premiums (all comments)
 Board members should be elected (not appointed)
 Other (PLEASE SPECIFY) _____
 No Response

26. Overall, how satisfied are you with the health system in Alberta? Would you say you are...(READ)

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor dissatisfied 3
Somewhat dissatisfied..... 4
Very dissatisfied..... 5

No Response 0

THE NEXT QUESTION IS ABOUT HEALTH SERVICE PERFORMANCE INFORMATION. HEALTH SERVICE PERFORMANCE INFORMATION INCLUDES STATISTICS OR REPORTS ABOUT THE QUALITY OF SERVICES, ACCESS TO SERVICES, NUMBER OF SERVICES PROVIDED, SATISFACTION WITH CARE, AND SIMILAR TOPICS RELATED TO THE DELIVERY OF HEALTH SERVICES IN ALBERTA.

- 27a. In the past year, have you seen or read any statistics or reports on health service performance in Alberta?

Yes.....1
No.....2 (GO TO 28a)

Don't Know.....3 (GO TO 28a)
No Response.....4 (GO TO 28a)

- 27b. Were these statistics or reports produced by the Ministry of Alberta Health and Wellness (Alberta government department of Health)?

Yes 1
No..... 2

Don't Know 3
No Response 4

THESE FINAL QUESTIONS WILL GIVE US A BETTER PICTURE OF THE PEOPLE WHO TOOK PART IN THIS STUDY.

28a. Including yourself, how many people NORMALLY live in your household?

_____ Total number of people including children

98 No Response

28b. How many of these people are under 18 years of age?

_____ Number of children

98 No Response

29. What is the highest level of education you have attended or completed? (DO NOT READ LIST)

No schooling	1
Some Elementary	2
Completed Elementary	3
Some Secondary	4
Completed Secondary	5
Some college, technical, or nurse's training	6
Completed college, technical, or nurse's training	7
Some University	8
Completed University	9
Other education or training (PLEASE SPECIFY)	10
No Response	0

30. What is the name of the Health Region in which you live? (DO NOT READ LIST. CODE THE ANSWER PROVIDED BY THE RESPONDENT, EVEN IF IT IS THE WRONG HEALTH REGION. THE NUMBER OF THE HEALTH REGION DOES NOT HAVE TO BE MENTIONED EXCEPT FOR HEALTH REGION 5)

Chinook Health Region 1.....	1
Palliser Health Region 2	2
Headwaters Health Region 3.....	3
Calgary Health Region 4.....	4
Health Authority 5	5
David Thompson Health Region 6	6
East Central Health Region 7.....	7
Westview Health Region 8	8
Crossroads Health Region 9.....	9
Capital Health Region 10.....	10
Aspen Health Region 11	11
Lakeland Health Region 12	12
Mistahia Health Region 13	13
Peace Health Region 14.....	14
Keeweenok Lakes Health 15	15
Northern Lights Health Region 16.....	16
Northwestern Health Region 17.....	17

Don't Know/No Response/Incorrect Name.... 18

31. What was your total household income before taxes last year? (IF NECESSARY, PROBE WITH CATEGORIES)

UNDER \$6000	1	\$26000-27999	12	\$60000-64999	23
6000-7999.....	2	28000-29999	13	65000-69999	24
8000-9999.....	3	30000-31999	14	70000-74999	25
10000-11999.....	4	32000-33999	15	75000-79999	26
12000-13999.....	5	34000-35999	16	80000-84999	27
14000-15999.....	6	36000-37999	17	85000-89999	28
16000-17999.....	7	38000-39999	18	90000-94999	29
18000-19999.....	8	40000-44999	19	95000-99999	30
20000-21999.....	9	45000-49999	20	100000+	31
22000-23999.....	10	50000-54999	21	Don't know	32
24000-25999.....	11	55000-59999	22	No response.....	0

32. To ensure that we reach respondents in all areas of the province, would you please tell me your postal code?

1.....Press 1 to open a window and enter the postal code. _____

2.....Don't Know - Press 2 to open a window and ask:

What is the name of your city/town? _____

0.....No Response

(INTERVIEWER NOTE: IF RESPONDENT DOESN'T WISH TO GIVE ALL 6 DIGITS/LETTERS OF POSTAL CODE, ASK FOR NAME OF CITY/TOWN HE/SHE LIVES IN)

33. Finally, if you could change ONE thing in the health care system, what would it be?

We've reached the end of our survey and I'd like to thank you very much for your time and cooperation.

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